

ORIGINAL

IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION

EVANS, MELVIN

vs.

HOME DEPOT U.S.A., INC.

§
§
§
§
§

3-10 CV-2059B

CIVIL ACTION NO.

44136

DEFENDANT'S NOTICE OF REMOVAL

Defendant Home Depot U.S.A., Inc. ("Home Depot") files this Notice of Removal and states:

INTRODUCTION OF STATE COURT ACTION

1. On February 23, 2010, Plaintiff Melvin Evans, ("Evans" or "Plaintiff") initiated this action by filing Plaintiff's Original Petition (the "Petition"), Cause No. CC-10-01305-A in the County Court of Law No. 1 of Dallas County, Texas (the "State Court Action"). Plaintiff amended and supplemented his Petition on September 14 and 17, 2010, respectively. In both the amended and supplemented Petitions, Plaintiff asserts new claims against Home Depot U.S.A., Inc. ("Home Depot" or "Defendant") for alleged "breach of contract" for failure to honor a written employment benefits contract between Plaintiff and Defendant. Plaintiff claims that in exchange for his performance, he was to receive compensation from Defendant for medical bills incurred as a result of any work-related injuries and compensation for any work that he missed as a result of sustaining such injuries. As set forth more fully below, Plaintiff's breach of contract claims relate to Defendant's self-funded ERISA plan and are preempted and governed by ERISA. Accordingly, Plaintiff's ERISA claims present federal questions and this case is ripe for removal.

TIMELINESS OF REMOVAL

2. This notice of removal is timely under 28 U.S.C. § 1446(b) because it is filed within thirty days after Home Depot first received a copy of a paper from which it could first be

ascertained the case is one which is or has become removable, *i.e.*, Plaintiff's First Amended Petition and First Supplemental Petition.

GROUND FOR REMOVAL

3. This lawsuit was filed on February 23, 2010 and is being removed within one year of its filing.¹ As initially pled, Plaintiff brought only state common law negligence claims against Defendant Home Depot U.S.A., Inc, a nonsubscriber to workers' compensation, for two alleged on-the-job injuries (both essentially trip-and-falls) on May 22, 2008 and April 22, 2009, respectively.²

4. Home Depot maintains an ERISA benefit plan known as the Texas Employee Accident Plan ("TEAP"). Subject to its terms and conditions, the TEAP provides medical and wage replacement benefits for employees who are injured on-the-job.

5. For the first time on September 14, 2010, less than thirty days before this case was removed, Plaintiff filed his First Amended Petition and alleged that Home Depot was liable to him for "breach of contract" for its alleged failure to pay for medical treatment and past lost wages stemming from his on-the-job incidents.³ While Home Depot denies any liability to Plaintiff, the only plausible basis for claiming that Home Depot, a nonsubscriber, was required to pay him medical or wage replacement benefits is the TEAP ERISA plan which Plaintiff has mischaracterized as a "contract." Regardless of Plaintiff's improper characterization of his new claims, Plaintiff has actually brought federal claims which are preempted by ERISA and

¹ See Plaintiff's Original Petition, Request for Disclosure, and Jury Demand.

² *Id.* at ¶¶ 5.01, 5.05, 6.01-6.02.

³ Plaintiff's First Amended Petition, Request for Disclosure, and Jury Demand at ¶¶ 5.02, 5.07, 6.03-6.05.

removable pursuant to this Court's federal question jurisdiction.⁴ This Court has supplemental jurisdiction over Plaintiff's nonsubscriber negligence claims pursuant to 28 U.S.C. 1367(a).⁵

6. In addition, diversity jurisdiction also exists in this case independently of this Court's federal question and supplemental jurisdiction.⁶ Plaintiff is a citizen and resident of Texas.⁷ Home Depot is Delaware corporation with its principal place of business in Atlanta.⁸ In addition to making a claim for allegedly unpaid benefits, Plaintiff claims personal injury damages in the form of at least \$44,003.54 in past medical expenses, an undetermined amount of future medical expenses, future lost income and earning capacity, past and future pain and suffering damages, and past and future impairment as a result of his accidents. Plaintiff also claims to be

⁴ See e.g., *Metropolitan Life Insurance Co. v. Taylor*, 481 U.S. 58, 60-62 (1987) (holding that ERISA claim characterized as state law breach of contract claim was a preempted federal claim subject to removal); *Hernandez v. Jobe Concrete Products, Inc.*, 282 F.3d 360, 361-364 (5th Cir. 2002) (holding that "breach of contract" claim for allegedly unpaid medical and other benefits related to Texas nonsubscriber's ERISA plan, was preempted, and affirming denial of motion to remand); *Hogan v. Kraft Foods*, 969 F.2d 142, 144 (5th Cir. 1992) (holding that state law claims, including claims for breach of contract, that related to benefit payments under ERISA plan were preempted); *Guilbeaux v. 3927 Foundation, Inc.*, 177 F.R.D. 387, 394 (E.D. Tex. 1998) (holding that breach of contract and other state law claims that related to nonsubscriber employer's occupational injury ERISA plan were preempted); *Pyle v. Beverly Enterprises-Texas, Inc.*, 826 F.Supp. 206, 208-212 (N.D. Tex. 1993) (Fitzwater, J., denying motion to remand and holding that state law claims implicating nonsubscriber's benefit plan were preempted federal causes of action and that federal court had supplemental jurisdiction over state law negligence claims).

⁵ *Pyle*, 826 F.Supp. at 211-212.

⁶ This case was not initially removed on the basis of diversity because of a substantial body of case authority which, at the time, held that nonsubscriber negligence claims arose under the Texas Workers Compensation Act and were therefore not removable pursuant to 28, U.S.C. 1445(c). See *Figueroa v. Healthmark Partners, L.L.C.*, 125 F.Supp.2d 209 (S.D. Tex. 2000) (Kent, J. holding that nonsubscriber negligence claims standing alone could not be removed because they "arise" out of Texas' Workers Compensation Act); see also *Illinois National Ins. Co. v. Hagendorf Construction Co., Inc.*, 337 F.Supp.2d 902 (W.D. Tex. 2004); *Smith v. Tubal-Cain Indus., Inc.*, 196 F.Supp.2d 421 (E.D. Tex. 2001); *Dean v. Texas Steel Co.*, 837 F.Supp. 212, 214 (N.D. Tex. 1993). On September 21, 2010, however, the Court of Appeals for the Fifth Circuit appears to have effectively overruled that authority. *American International Specialty Lines Insurance Co. v. Rentech Steel LLC*, No. 08-11052, 2010 WL 3633054 at *8-10 (5th Cir. September 21, 2010).

⁷ See Plaintiff's Original Petition, Request for Disclosure, and Jury Demand at ¶ 3.01

⁸ *Id.* at ¶ 3.02 (correctly alleging that Home Depot is a "foreign for-profit corporation").

entitled to punitive, exemplary damages and interest on all of his damages. Plainly, there is more than \$75,000 in controversy.⁹

ATTACHMENT OF STATE COURT PLEADINGS

7. Defendant has attached to this Notice as **Exhibit 1**, copies of the state court's file (with all executed process in the case) and docket sheet.

NOTICE OF REMOVAL GIVEN TO STATE COURT

8. Defendant has filed a Notice of Removal to Federal Court with the County Court at Law No. 1 of Dallas County, Texas, on the date of this filing with the United States District Court of the Northern District of Texas, Dallas Division. A copy of the notice provided to the state court is attached to this Notice as **Exhibit 2**.


CONCLUSION AND PRAYER

9. Therefore, Defendant respectfully, requests that further proceedings in the state court action be discontinued, that Cause No. CC-10-01305-A in the County Court at Law No. 1 of Dallas County, Texas be removed to the United States District Court for the Northern District of Texas, Dallas Division, and that this Court assume full jurisdiction over this action as provided by law.

⁹ *De Aguilar v. Boeing Co.*, 47 F.3d 1404, 1412-13 (5th Cir. 1995), *cert. denied*, 516 U.S. 865 ("In [Texas], a plaintiff, in a case for unliquidated damages, cannot, absent a further showing, avoid removal . . . where defendants are able to show that it is facially apparent that the amount in controversy exceeds [\$75,000]."); *see also e.g., Manguno v. Prudential Prop. & Cas. Ins. Co.*, 276 F.3d 720, 724 (5th Cir. 2002) and *Troiani v. Allstate Ins. Co.*, No. CIVA B-06-00067, 2006 WL 1851378, *1 (S.D. Tex. July 3, 2006).

Respectfully submitted,

WINSTEAD PC

By: 
Peyton N. Smith
State Bar No. 18664350
Trek C. Doyle
State Bar No. 00790608
401 Congress Avenue, Suite 2100
Austin, Texas 78701
512.370.2800 (Telephone)
512.370.2850 (Telecopier)

**ATTORNEYS FOR DEFENDANT
HOME DEPOT U.S.A., INC.**

CERTIFICATE OF SERVICE

This will certify that a true and correct copy of the foregoing instrument has been mailed, telecopied or hand delivered to all attorneys of record in this cause of action on the 13 day of October, 2010:

Andrew Sommerman
Sommerman & Quesada, LLP
3811 Turtle Creek Blvd., Ste. 1400
Dallas, Texas 75219-4461
214-720-0720
214-720-0184 fax
Attorneys for Plaintiff Melvin Evans


Trek C. Doyle

612662v.2

**IN THE UNITED STATES DISTRICT COURT
FOR THE NORTHERN DISTRICT OF TEXAS
DALLAS DIVISION**

EVANS, MELVIN**vs.****HOME DEPOT U.S.A., INC.**§
§
§
§
§**CIVIL ACTION NO.** _____**INDEX OF MATTERS BEING FILED**

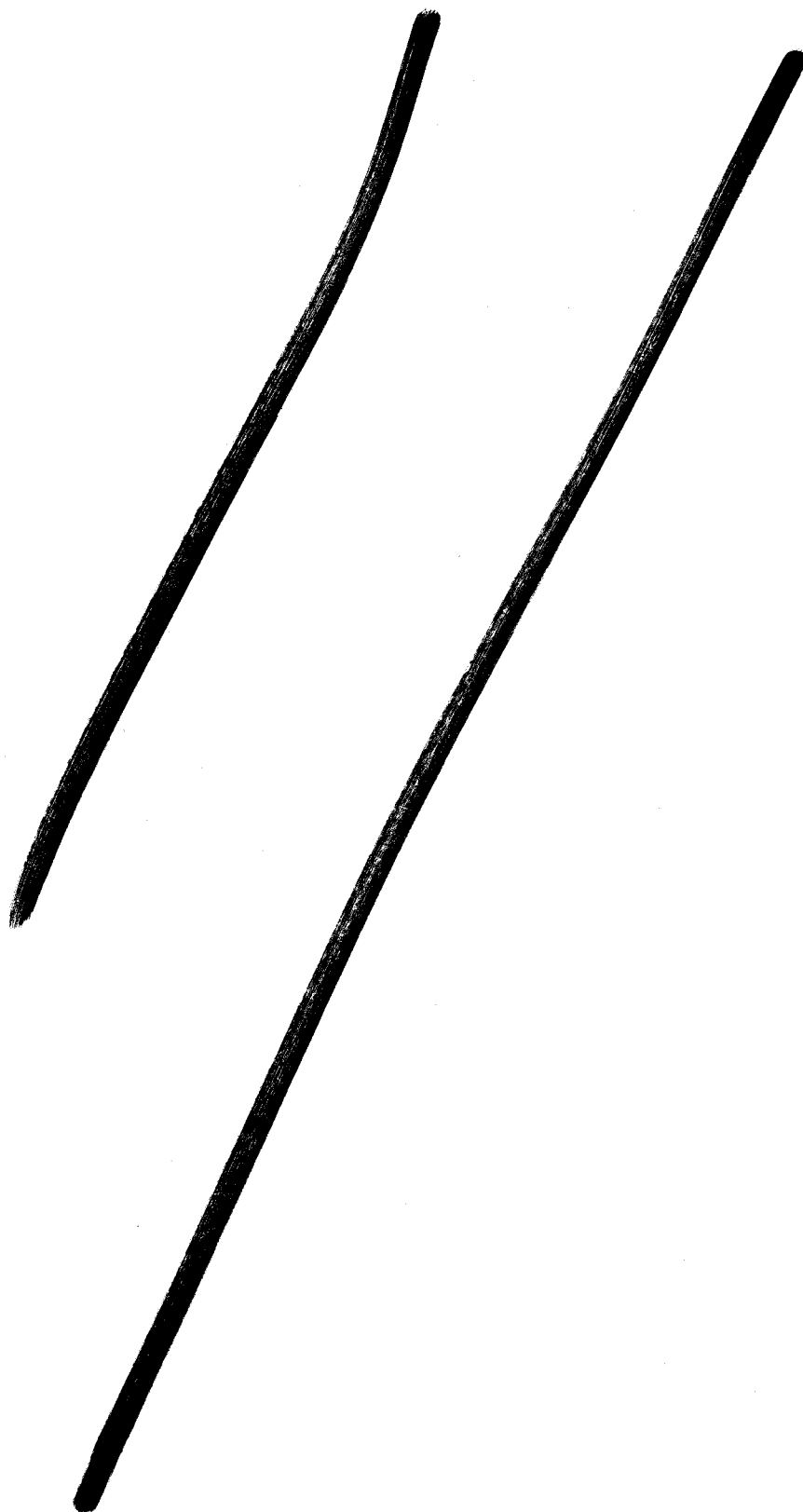
| TAB | DATE | DOCUMENT |
|------------|-------------|---|
| 1 | | Judge's Docket |
| 2 | 02/23/10 | Plaintiff's Original Petition, Request for Disclosure and Jury Demand |
| 3 | 02/24/10 | Letter from Judge D'Metria Benson to Steven S. Schulte setting the case for dismissal on June 25, 2010 at 9:00 a.m. |
| 4 | 02/23/10 | Citation to Home Depot USA, Inc. |
| 5 | 03/10/10 | Defendant's Original Answer |
| 6 | 03/19/10 | Letters from Judge D'Metria Benson to Trek Doyle and Steve S. Schulte setting case for trial |
| 7 | 03/22/10 | Plaintiff's Special Exceptions to Defendant's Original Answer |
| 8 | 03/31/10 | Notice of Filing Affidavits for Business and/or Medical Records |
| 9 | 04/16/10 | Filing Letter from Sommerman & Quesada, LLP to Clerk filing an Agreed Level 3 Scheduling Order |
| 10 | 04/16/10 | Filing letter from Sommerman & Quesada, LLP to Clerk filing Rule 11 Agreement |
| 11 | 04/30/10 | Letter from Steven S. Schulte to Peyton Smith and cc'ing Court serving Plaintiff's discovery requests |
| 12 | 05/04/10 | Vacation Letter from Andrew B. Sommerman |
| 13 | 05/07/10 | Letter from Judge D'Metria Benson to Ken Rubenstein, Trek Doyle, and Steven Schulte setting jury trial for 2/8/11 at 9:00 am |
| 14 | 05/14/10 | Letter from Andrew Sommerman to Peyton Smith cc'ing the Court attaching Jury Trial Notice, Mediation Order and Conformed Agreed Level 3 Scheduling Order. |
| 15 | 05/21/10 | Plaintiff's Designation of Lead Counsel |
| 16 | 08/04/10 | Plaintiff's Motion to Quash, for Protection from Discovery and Objections to Depositions by Written Questions |
| 17 | 09/09/10 | Plaintiff's Notice of Filing Rule 11 Agreement |
| 18 | 09/14/10 | Plaintiff's First Amended Petition, Request for Disclosure and Jury Demand |
| 19 | 09/17/10 | Plaintiff's First Supplemental Petition, Request for Disclosure and Jury Demand |
| 20 | 09/23/10 | Reporter's Certification for Deposition of Melvin |

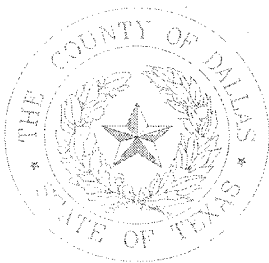
EXHIBIT

tabbles

1

| | | |
|----|----------|---|
| | | Evans |
| 21 | 10/04/10 | Plaintiff's Filing Letter and Plaintiff's Notice of Filing Affidavits for Business and/or Medical Records |
| 22 | 10/05/10 | Letter from Sommerman & Quesada, LLP to Trek Doyle, cc'ing Court enclosing copy of CD for Plaintiff's First Supplemental Responses to Defendant's Request for Disclosure. |
| 23 | 10/13/10 | Defendant's First Amended Answer and Counterclaim for Attorney's Fees under ERISA |





JOHN F. WARREN
Dallas County Clerk
George Allen Sr. Court Bldg.
600 Commerce St, Ste 101
Dallas, Texas 75202-3551

STATE OF TEXAS §

COUNTY OF DALLAS §

I, John F. Warren, Clerk of the County Court of Dallas County Court at Law No. 1, Dallas County, Texas do hereby certify that the foregoing is a true and correct copy of document in Cause No. CC-10-01305-A.

MELVIN EVANS, PLAINTIFF (S)

VS

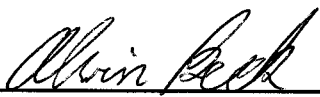
HOME DEPOT, U.S.A, INC, DEFENDANT (S)

JUDGE'S DOCKET, FILED: FEBRUARY 23, 2010

Minutes of County Court at Law No. 1, Dallas County, Texas.

WITNESS MY HAND AND SEAL of said Court this 5th day of October, 2010.

John F. Warren, County Clerk

By: 
ALVIN BECK, Deputy

FILING:

CASE NO.:

ATTORNEYS

Ad

Filed: 02/23/2010

DAMAGES (NON COLLISION) County Court at Law No. 1

MELVIN EVANSvs. HOME DEPOT, U.S.A, INC

Plaintiff
EVANS, MELVIN

Lead Attorney
SCHULTE, STEVEN

Defendant
HOME DEPOT, U.S.

Lead Attorney

19070004468529

SCANNED

SETTINGS

| | |
|---------|-----------|
| 2/24/10 | 7 6/25/10 |
|---------|-----------|

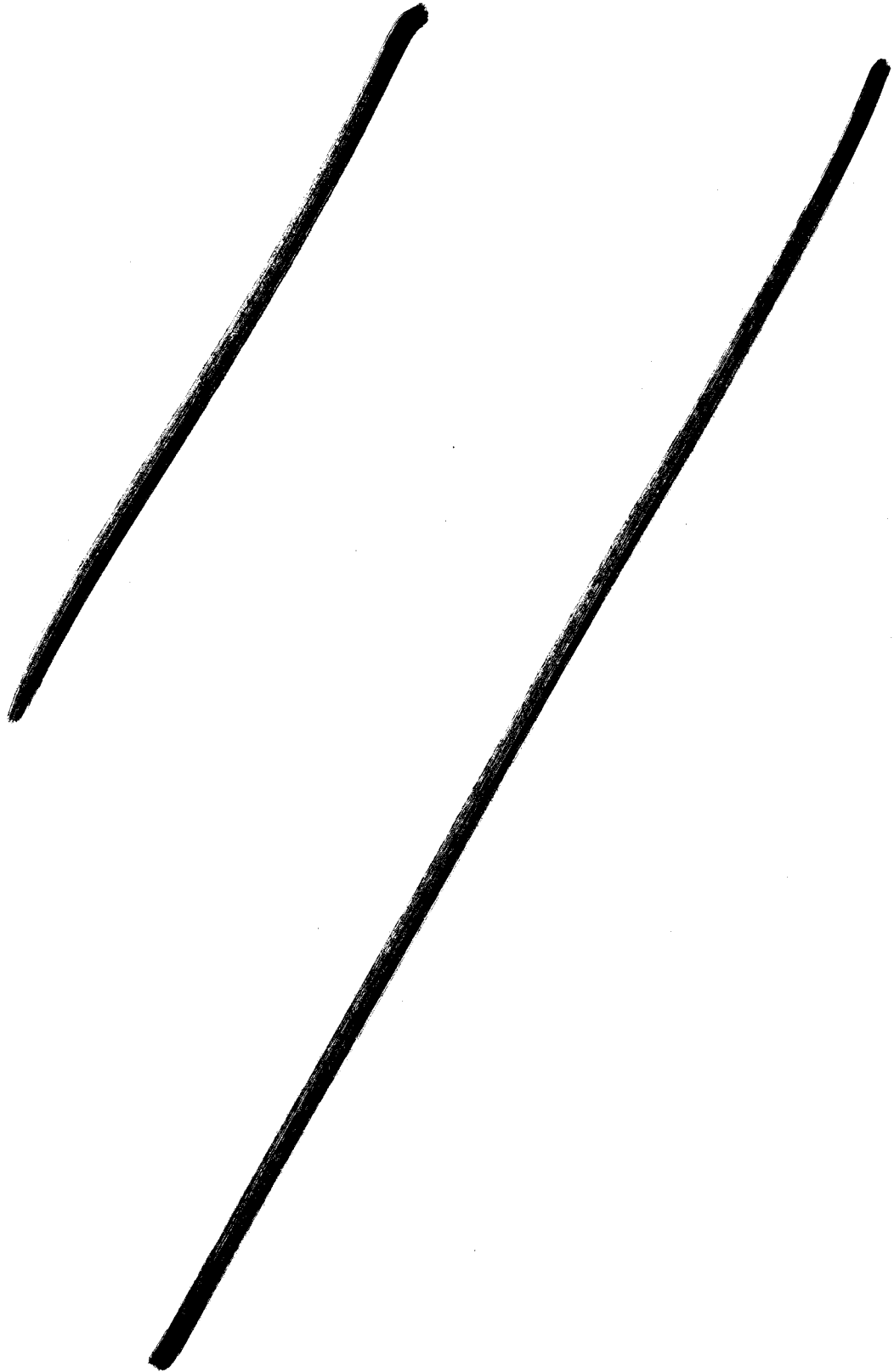
| | |
|---------|-----------------|
| 3/19/10 | ASD rcy 4/23/10 |
|---------|-----------------|

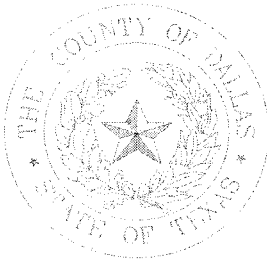
5/7/10 JT 2/8/11

5/6/10 Vac letter - Andrew Sommerman - June 14 to 30, 2010



**TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE**





JOHN F. WARREN
Dallas County Clerk
George Allen Sr. Court Bldg.
600 Commerce St, Ste 101
Dallas, Texas 75202-3551

STATE OF TEXAS §

COUNTY OF DALLAS §

I, John F. Warren, Clerk of the County Court of Dallas County Court at Law No. 1, Dallas County, Texas do hereby certify that the foregoing is a true and correct copy of document in Cause No. CC-10-01305-A.

MELVIN EVANS, PLAINTIFF (S)

VS

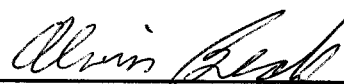
HOME DEPOT, U.S.A, INC, DEFENDANT (S)

**PLAINTIFF'S ORIGINAL PETITION, REQUEST FOR DISCLOSURE, AND
JURY DEMAND, FILED: FEBRUARY 23, 2010**

Minutes of County Court at Law No. 1, Dallas County, Texas.

WITNESS MY HAND AND SEAL of said Court this 5th day of October, 2010.

John F. Warren, County Clerk

By: 
ALVIN BECK, Deputy

CAUSE NO. CC-10-01 305-A

FILED

2010 FEB 23 PM 2:46

MELVIN EVANS,

§
§
§
§
§
§
§
§
§

IN THE COUNTY COURT

Plaintiff,

JOHN F. WARREN
COUNTY CLERK
DALLAS COUNTY

vs.

AT LAW NO. _____

HOME DEPOT, U.S.A., INC.

SCANNED

Defendant.

DALLAS COUNTY, TEXAS

**PLAINTIFF'S ORIGINAL PETITION, REQUEST FOR DISCLOSURE,
AND JURY DEMAND**

TO THE HONORABLE JUDGE OF SAID COURT:

COME NOW, Plaintiff Melvin Evans, and files his Original Petition, Request for Disclosure, and Jury Demand complaining of Defendant Home Depot, U.S.A., Inc., and would respectfully show unto the Court as follows:

1.00 DISCOVERY CONTROL PLAN

Pursuant to Rule 190 *et seq* of the Texas Rules of Civil Procedure, Plaintiff requests a Level III discovery control plan.

2.00 REQUEST FOR DISCLOSURE

Pursuant to Rule 194 of the Texas Rules of Civil Procedure, Plaintiff requests Defendant to disclose, within fifty (50) days of service of this request, the information and material described in Rule 194.2 of the Texas Rules of Civil Procedure. Plaintiff specifically requests Defendant to produce responsive documents at the undersigned law offices within fifty (50) days of service of this request.

3.00 PARTIES



TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE

3.01 Plaintiff Melvin Evans is a resident of DeSoto, Dallas County, Texas. The last three digits of Melvin Evans' driver's license number are 433, and the last three digits of his social security number are 121.

3.02 Defendant Home Depot, U.S.A., Inc. is a foreign for-profit corporation, licensed to do business in the State of Texas. It may be served with process by serving its registered agent, Corporation Service Company d/b/a CSC-Lawyers Incorporating Service Company, 211 E. 7th Street, Suite 620, Austin, TX 78701-3218.

4.00 VENUE AND JURISDICTION

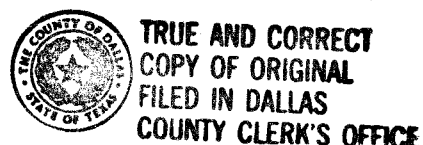
4.01 This Court has venue and jurisdiction over the parties to this action since the matter in controversy exceeds the sum or value of the minimum jurisdictional limits of the Court, exclusive of costs and interest, and because such negligence complained of herein occurred in Dallas County, Texas.

5.00 FACTS

5.01 On or about May 22, 2008, at approximately 9:00 a.m., Plaintiff Melvin Evans, was working as an employee of Defendant Home Depot, U.S.A., at the Home Depot Store #8976, under the direct supervision of Mark Bedford and Steve Thompson.

5.02 Plaintiff was instructed by Home Depot supervisor Mark Bedford and Steve Thompson to quickly move freight (i.e., patio furniture) from the back of the store to the front of the store in the outdoor or garden section of the store. He was moving this freight with a manual pallet jack as instructed by these Home Depot supervisors.

5.03 As Plaintiff pulled the manual pallet jack through the aisles of the garden or outdoor section of the store, a cone-shaped metal sprayer, approximately 3/4" to 1" in diameter, and



approximately 6" in length, which was connected to a water spigot approximately 3 feet from the ground, which was attached to a beam in the outdoor or garden section of the store, struck Plaintiff. The metal sprayer protruded into the aisle, at this height level, and was not visible to Plaintiff before it struck him.

5.04 The metal sprayer struck Plaintiff right below his waist on the right side, directly below his hip, causing Plaintiff to fall to the ground, resulting in the manual pallet jack striking Plaintiff in the back and left side of his body, causing serious and ongoing injuries to Plaintiff.

5.05 On approximately April 22, 2009, a Home Depot supervisor or supervisors, aware of Plaintiff's May 2008 incident inside Home Depot and resulting physical injuries and limitations, instructed Plaintiff to move and/or arrange lawn mowers outside of the store. Plaintiff suffered additional injuries in complying with the Home Depot supervisor's or supervisors' instructions.

6.00 CAUSES OF ACTION AGAINST DEFENDANT HOME DEPOT, U.S.A., INC.

6.01 Plaintiff would also show that said Defendant breached a duty of care to Plaintiff by failing to select, hire, supervise, train or retain competent employees to maintain a safe work place and to ensure the safety of employees like Plaintiff. The negligent acts and omissions of said Defendant were a direct and proximate cause of the incident in question and the resulting injuries and damages sustained by the Plaintiff. The violations, negligent acts, and omissions are, among others, as follows:

- a. Defendant instructed Plaintiff to move quickly through the store without regard to Plaintiff's safety;
- b. Defendant failed to warn or instruct Plaintiff of the potential hazards of moving quickly through the store;
- c. Defendant failed to properly inspect and/or maintain the store against potential



result of his physical injuries.

7.05 Plaintiff has experienced mental anguish in the past as a result of this incident and in all reasonable probability will sustain mental anguish in the future as a result of this incident.

7.06 Plaintiff has experienced physical impairment or physical incapacity in the past as a result of this incident and in reasonable probability will sustain physical impairment or physical incapacity in the future.

7.07 Plaintiff has experienced physical disfigurement in the past and in all reasonable probability will suffer physical disfigurement in the future as a result of the incident in question.

7.08 As a result of the above, Plaintiff seek damages in excess of the minimum jurisdictional limits of this Court.

8.00 EXEMPLARY DAMAGES

For additional causes of action, Plaintiff re-pleads as fully as though set forth in this paragraph all allegations under paragraphs 1.00 through 7.00 and alleges that all the acts and omissions on the part of the Defendant, taken singularly or in combination, constitute gross negligence and were the proximate cause of the damages and injuries of Plaintiff as alleged herein. This gross negligence entitles the Plaintiff to exemplary damages. Specifically, Plaintiff alleges that the Defendant's acts were more than momentary thoughtlessness, inadvertence, or error of judgment. The Defendant acted with such an entire want of care to establish that the acts and/or omissions were the result of actual conscious indifference to the rights, safety or welfare of the Plaintiff. Plaintiff seeks exemplary damages against the Defendant in the amount of four times Plaintiff's actual damages or to punish Defendant for its wrongdoing and to deter other companies that might be tempted to engage in the same or similar conduct.



9.00 CLAIM FOR PRE-JUDGMENT AND POST-JUDGMENT INTEREST

Plaintiff claims all lawful pre-judgment and post-judgment interest on the damages suffered by him.


10.00 JURY DEMAND

Plaintiff requests that a jury be convened to try the factual issues in this cause.

WHEREFORE, PREMISES CONSIDERED, Plaintiff prays that Defendant be cited to appear and answer herein and, upon final hearing of this cause, Plaintiff have judgment against Defendant for damages described herein, for costs of suit, interest from the date of the incident and for such other and further relief to which Plaintiff may be justly entitled.

Respectfully submitted,

SOMMERMAN & QUESADA, L.L.P.



Steven S. Schulte
State Bar No. 24051306
3811 Turtle Creek Boulevard, Suite 1400
Dallas, Texas 75219-4461
Telephone: (214) 720-0720
Facsimile: (214) 720-0184
E-mail: sschulte@texttrial.com

ATTORNEYS FOR PLAINTIFF



TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE

CAUSE NO. _____

MELVIN EVANS,

Plaintiff,

vs.

HOME DEPOT, U.S.A., INC.

Defendant.

§
§
§
§
§
§
§
§

IN THE COUNTY COURT

AT LAW NO. _____

DALLAS COUNTY, TEXAS

**PLAINTIFF'S FIRST REQUESTS FOR PRODUCTION
TO DEFENDANT HOME DEPOT, U.S.A., INC.**

TO: Defendant, Home Depot, U.S.A., Inc.

Pursuant to Rule 196, Texas Rules of Civil Procedure, Plaintiff hereby requests the Defendant, Home Depot, U.S.A., Inc. ("Home Depot"), to produce the following items for production not later than fifty (50) days after service of these Requests for Production as provided by said rule.

DEFINITIONS

Whenever the word "Defendant" is used in these Requests For Production, it also means, where Defendant is a company or governmental agency, that company or governmental agency and any divisions or departments or controlled subsidiaries and their officers, agents, representatives, employees or investigators of any of its insurers.

Whenever the word "incident" is used in these Requests For Production, it refers to the incident and date as described in Plaintiff's Original Petition and any amendments thereto.

Whenever the word "premises" is used in these Requests For Production, it means at or in the area of the incident and all physical objects involved in this incident at the Home Depot Store #8976, 500 N. I-35E, Lancaster, TX 75146.



**TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE**

Whenever the word "person" is used in these Requests For Production, it includes a natural person, firm, association, organization, partnership, business trust, corporation or public entity.

Whenever the word "document(s)" is used in these Requests for Production, it means papers, books, accounts, drawings, graphs, charts, photographs, electronic or videotape recordings, data bases, and any other data compilations from which information can be obtained and transferred, if necessary, by you or your company into reasonably usable form.

Whenever the term "substantially similar occurrence" is used in these Requests for Production, it refers to occasions where it was alleged or reported that a guest, invitee, or employee of Home Depot, U.S.A., Inc. sustained personal injuries which occurred in a manner substantially similar to the incident on any properties owned, controlled, managed, occupied or possessed by you or on the properties of which you have knowledge.

Respectfully submitted,

SOMMERMAN & QUESADA, L.L.P.



Steven S. Schulte
State Bar No. 24051306
3811 Turtle Creek Boulevard, Suite 1400
Dallas, Texas 75219-4461
Telephone: (214) 720-0720
Facsimile: (214) 720-0184
E-mail: sschulte@texttrial.com

ATTORNEYS FOR PLAINTIFF



TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of Plaintiff's First Requests for Production to Defendant were served upon Defendant Home Depot, U.S.A., Inc., along with Plaintiff's Original Petition.



Steven S. Schulte



TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE

REQUESTS FOR PRODUCTION

REQUEST NO. 1: All documents which have been prepared by or for any expert who may be called to testify as a witness in this case and all documents prepared by an expert used for consultation whose work product has been reviewed by an expert who may be called to testify as a witness in this case.

RESPONSE:

REQUEST NO. 2: A copy of each statement of the Plaintiff and Plaintiff's Decedent, if any, whether written or oral, in connection with this case.

RESPONSE:

REQUEST NO. 3: A copy of each statement of any party, whether written or oral, or any party's employees or agents, in connection with this case.

RESPONSE:

REQUEST NO. 4: A copy of each statement of any person with knowledge of relevant facts who is not a party or an employee or agent of a party.

RESPONSE:



TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE.

REQUEST NO. 5: Copies of any and all photographs and visual depictions of any kind whatsoever created by anyone which relate to this case. This request includes, but is not limited to, videotapes, graphs, charts, maps, motion pictures, x-rays and slides of the Plaintiff and Plaintiff's injuries, the scene of the incident, and any reconstruction, experiment, test or survey.

RESPONSE:

REQUEST NO. 6: Any and all written documents or other recorded data of any kind describing or otherwise memorializing any insurance agreement under which any person carrying on an insurance business may be liable to satisfy part or all of a judgment which may be rendered in this case, or to indemnify or reimburse for payments made to satisfy any judgment. This request includes, but is not limited to, any liability insurance policy, including primary, excess and umbrella policies and any uninsured/underinsured insurance policies and any policies of reinsurance.

RESPONSE:

REQUEST NO. 7: Any and all written documents or other recorded data of any kind describing or otherwise memorializing any claim file and investigation performed by any workers' compensation carrier and its agents, servants or employees relating to this incident.

RESPONSE:



TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE

REQUEST NO. 8: Produce the claim file and any investigation conducted by you or on your behalf prior to the time this suit was filed.

RESPONSE:

REQUEST NO. 9: Any and all written documents or other recorded data of any kind memorializing or otherwise describing any and all medical treatment, mental or physical, of the Plaintiff. This request includes, but is not limited to, medical bills, medical records, evidence of diagnostic tests to include, but not be limited to CAT scans, x-rays, MRIs, sonograms, thermograms, EMGs, beam studies and EEGs.

RESPONSE:

REQUEST NO. 10: Any and all written documents or other recorded data of any kind memorializing or otherwise describing any and all claims or lawsuits of the Plaintiff. This request includes, but is not limited to, Southwest Index Bureau documents, workers' compensation claims, insurance claims, petitions or complaints, Social Security disability claims, unemployment compensation claims, depositions, interrogatories or any other formal discovery documents.

RESPONSE:



TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE

REQUEST NO. 11: Any and all written documents or recorded data of any kind describing or otherwise memorializing the arrest or conviction of any party or person with knowledge of relevant facts identified in any discovery response(s), which you intend to use pursuant to Rule 609, Texas Rules of Evidence.

RESPONSE:

REQUEST NO. 12: Any and all written documents or other recorded data of any kind describing or otherwise memorializing past, present and/or future earnings or earning capacity of the Plaintiff. This request includes, but is not limited to, personnel files, paste-ups, accounting records, income tax returns and/or supporting documents and job applications.

RESPONSE:

REQUEST NO. 13: Any and all written documents or recorded data of any kind describing or otherwise memorializing any educational records of the Plaintiff including, but not limited to, grade school, middle school, high school, business college, undergraduate or graduate school transcripts; disciplinary records and achievement or testing records.

RESPONSE:



TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE

REQUEST NO. 14: Any and all written documents or other recorded data describing or otherwise memorializing the opinions of experts and/or consulting experts whose opinions or impressions have been reviewed by a testifying expert designated by any party to this lawsuit. This request includes, but is not limited to, depositions, trial testimony transcripts and written reports of all experts designated in this case.

RESPONSE:

REQUEST NO. 15: Any and all written documents or recorded data of any kind describing or otherwise memorializing safety procedures and regulations, if any, promulgated by Defendant with regard to the premises. This includes, but is not limited to, safety manuals, safety handbooks, safety rules, safety policies and procedures, comments, complaints, evaluations and any drafts or revisions of such safety documents.

RESPONSE:

REQUEST NO. 16: Any and all written documents or recorded data of any kind describing or otherwise memorializing any type of notice, complaint or comments regarding the existence of safety risks or potential safety risks surrounding the premises.

RESPONSE:



TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE

REQUEST NO. 17: Any and all written documents or recorded data of any kind describing or otherwise memorializing the property interests of this Defendant or any other person or entity in the premises as of the date of this incident. This includes, but is not limited to, deeds, leases and easements.

RESPONSE:

REQUEST NO. 18: Any and all written documents or recorded data of any kind describing or otherwise memorializing any contractual or other relationship between this Defendant and any person responsible for maintaining the premises safe for the public.

RESPONSE:

REQUEST NO. 19: Any and all written documents or recorded data of any kind describing or otherwise memorializing any contractual or other relationship between this Defendant and any contractor or subcontractor performing work on the premises as of the date of the incident.

RESPONSE:

REQUEST NO. 20: Any and all written documents or recorded data of any kind describing or otherwise memorializing the identity of all employees on duty at or near the time of this incident.

RESPONSE:



TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE

REQUEST NO. 21: Any and all written documents or recorded data of any kind describing or otherwise memorializing the physical layout of the area of the premises. This includes, but is not limited to, drawings, blueprints, floor plans and/or other pictorial renderings of the premises.

RESPONSE:

REQUEST NO. 22: Any and all written documents or recorded data of any kind describing or otherwise memorializing any and all warnings, barricades, or other preventative measures in place or in effect in the area of the premises or any similar areas at the time of the incident.

RESPONSE:

REQUEST NO. 23: Any and all written documents or recorded data of any kind describing or otherwise memorializing any change in the warnings, barricades, or other preventative measures around the premises that were made after the accident, including any changes that may have been made due in whole or in part to the incident.

RESPONSE:



TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE

REQUEST NO. 24: Any and all written documents or recorded data of any kind describing or otherwise memorializing the design, operation, construction and any reconstruction, repair and/or maintenance of the premises as of the date of the incident.

RESPONSE:

REQUEST NO. 25: Any and all written documents or recorded data of any kind describing or otherwise memorializing in any way repair work or requested repair work on the premises for a period of ten (10) years prior to the date of the incident to the present. This request includes, but is not limited to, bills and invoices for labor and material, work orders, requests for repairs, bids and estimates for repairs, and proposals for repairs and renovations.

RESPONSE:

REQUEST NO. 26: A copy of any and all inspection reports and requests or documents of any kind prepared by maintenance personnel, inspectors, housekeeping employees or any employee or agent of Defendant or others regarding the premises for a time period from five (5) years prior to the date of the incident to the present.

RESPONSE:



REQUEST NO. 27: Copies of all documents relating to requests for maintenance to be performed in any way pertaining to the condition of the premises for the entire month prior to the date of the incident.

RESPONSE:

REQUEST NO. 28: All records of any kind regarding, or pertaining to in any way, a listing of guests and employees and maintenance/housekeeping personnel as of the date of the incident.

RESPONSE:

REQUEST NO. 29: All documents of any kind regarding rules or procedures for employees or agents to follow regarding maintenance, inspection, housekeeping, etc. of the premises as of the date of the incident.

RESPONSE:

REQUEST NO. 30: All documents of any kind regarding, discussing or pertaining to in any way rules or procedures for your employees or agents to follow in the event of an accident or injury sustained by an employee as of the date of the Accident in Question.

RESPONSE:



REQUEST NO. 31: A copy of the personnel file for each and every person responsible for the proper and safe maintenance of the premises during the month of the incident.

RESPONSE:

REQUEST NO. 32: All reports of any governmental or other official agency that investigated the incident.

RESPONSE:

REQUEST NO. 33: A copy of the personnel file for Defendants Mark Bedford and Steve Thompson.

RESPONSE:

REQUEST NO. 34: Any and all policies, procedures, manuals, education or training materials, or literature stating or demonstrating how to:

- a. Work safely in the aisles of the store;
- b. Use a manual pallet jack safely while at work;
- c. Move freight safely while at work; and
- d. Connect or disconnect metal sprayers (in the outdoor or garden sections of the store) and where to place them when not in use.

RESPONSE:

REQUEST NO. 35: Any and all incident or accident reports wherein someone has made the same or similar allegations as those made by Plaintiff in Plaintiff's Petition.

RESPONSE:

REQUEST NO. 36: Any and all claims or lawsuits wherein someone has made the same or similar allegations as those made by Plaintiffs in Plaintiff's Petition.

RESPONSE:



CAUSE NO. _____

MELVIN EVANS,

Plaintiff,

vs.

HOME DEPOT, U.S.A., INC.

Defendant.

§
§
§
§
§
§
§
§

IN THE COUNTY COURT

AT LAW NO. _____

DALLAS COUNTY, TEXAS

**PLAINTIFF'S FIRST INTERROGATORIES
TO DEFENDANT HOME DEPOT, U.S.A., INC.**

TO: Defendant Home Depot, U.S.A., Inc.

PLEASE TAKE NOTICE that you are required to respond to the following Plaintiff's Interrogatories to Defendant Home Depot, U.S.A., Inc. within fifty (50) days pursuant to Rule 197 of the Texas Rules of Civil Procedure.

Each item labeled "INTERROGATORY" is an interrogatory propounded pursuant to the provisions of Rule 168, Texas Rules of Civil Procedure, and Plaintiff requires that the Defendant or some person competent to testify on its behalf, submit answers to the same in writing and under oath within the time required.

DEFINITIONS

1. Whenever the word "Defendant" is used in these Interrogatories, it also means, where Defendant is a company or governmental agency, that company or governmental agency and any of the divisions or departments or controlled subsidiaries and their officers, agents, representatives, employees or investigators of any of its insurers.

2. Whenever the word "incident" is used in these Interrogatories, it refers to the accident and date as described in the Plaintiff's Original Petition and any amendments thereto.



3. Whenever the word "premises" is used in these Interrogatories, it means at or near the area of the incident and all physical objects involved in this incident, i.e., at or near the Home Depot Store #8976, 500 N. I-35E, Lancaster, TX 75146.

4. Whenever the word "person" is used in these interrogatories, it includes a natural person, firm, association, organization, partnership, business trust, corporation or public entity.

5. Whenever the word "identify" is used in these Interrogatories it means give the name, address and job title of the person(s) who is (are) the subject of the Interrogatory.

6. Whenever the term "writings" is used in these Interrogatories, it means handwriting, typewriting, printing, photostating, photography and every other means of recording upon any tangible thing, any form of communication or representation, including words, letters, pictures, sounds or symbols or any combination thereof.

7. Whenever the word "custody" is used in these Interrogatories, it means having possession, custody, control or access to the items referred to in this Interrogatory.

8. Whenever the term "identify the subject matter" is used in these Interrogatories, it means identify the thing or things discussed, considered, pictured, described, outlined, detailed or otherwise characterized by or in a writing (as defined hereinabove), and any conclusion and/or opinions reached therein.

9. Whenever the term "substantially similar occurrence" is used in these Interrogatories, it refers to occasions where it was alleged or reported that a guest, invitee, or employee of Home Depot, U.S.A., Inc., sustained personal injuries which occurred in a manner substantially similar to the incident on any properties owned, controlled, managed, occupied or possessed by you or on other properties of which you have knowledge.



INTERROGATORIES

INTERROGATORY NO. 1: Please describe the correct way Defendant should be named as a party Defendant in an action of law on the date of the incident in question.

ANSWER:

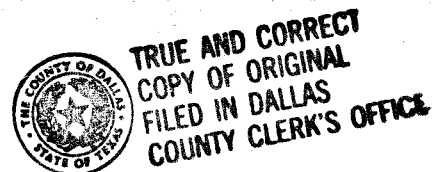
INTERROGATORY NO. 2: Was the Defendant covered by a policy of liability insurance on the day of the incident in question? Please include any excess or umbrella coverage. If so, please state:

- (a) the company issuing such policy and the policy number;
- (b) the amount of coverage of such policy;
- (c) where there is any dispute regarding the coverage of the policy and, if so, the nature of the dispute.

ANSWER:

INTERROGATORY NO. 3: Please list all affirmative defenses, inferential rebuttal defenses, plea in avoidance defenses or other defenses that you contend are applicable to the instant cause of action based on the facts of this lawsuit including, but not limited to, contributory negligence. Please describe the factual basis for each such contention.

ANSWER:



INTERROGATORY NO. 4: Please describe in detail any changes that have been made by the Defendant to the premises since the incident.

ANSWER:

INTERROGATORY NO. 5: Please identify each person who owned, managed, possessed, controlled or occupied the premises on or about the date of the incident.

ANSWER:

INTERROGATORY NO. 6: Identify each person who has filed a claim, made a report or filed a lawsuit against you or any other person involving a substantially similar occurrence, and, in the case of litigation, the style, cause number, and county of filing for each such case.

ANSWER:

INTERROGATORY NO. 7: Please identify all witnesses that are expected to be called at trial.

ANSWER:



TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE

INTERROGATORY NO. 8: Describe every act of negligence, if any, that you contend that the Plaintiff committed that was a proximate cause of injuries to the Plaintiff.

ANSWER:

INTERROGATORY NO. 9: If a jury should decide that special issues should be answered so as to support a favorable judgment for the Plaintiff, please list each and every element of damage that you contend the Plaintiff is entitled to recover based on the application of damage recovery law to the facts of this incident and the amount of monetary recovery you contend is appropriate for each such element. Please state the factual basis for your contention that the Plaintiff is not entitled to receive any monetary recovery for any element of damages alleged by the Plaintiff in the pleadings and/or discovery currently on file which you have not mentioned heretofore in response to this Interrogatory.

ANSWER:

INTERROGATORY NO. 10: Was any warning given to the Plaintiff or any other person concerning any dangerous condition of the premises on or about May 22, 2008? If you claim no dangerous condition existed, please state whether any warning of any kind was given of any condition existing on the premises. If a warning was given, describe the substance of the warning, the date it was given, and by whom it was given.

ANSWER:



INTERROGATORY NO. 11: Did Defendant or any of Defendant's employees, agents or servants receive any complaint, warning or notice concerning the dangerous condition of the premises prior to the incident in question? If you claim that the condition of the premises was not dangerous, describe any complaint, warning or notice concerning any condition of the premises prior to the incident received by Defendant's employees, agents or servants. If you did receive a complaint, state:

- (a) The identity of the person giving such complaint, warning or notice;
- (b) the identity of the person receiving such complaint, warning or notice;
- (c) the substance of such complaint, warning or notice.

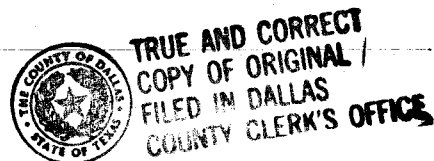
ANSWER:

INTERROGATORY NO. 12: Do you contend that you had any knowledge of the dangerous condition complained of by Plaintiff before the incident. If yes, please describe the nature of your knowledge, when you received the knowledge, and how you received it.

ANSWER:

INTERROGATORY NO. 13: Describe any action taken to warn of or correct the condition complained of by Plaintiff before the incident.

ANSWER:



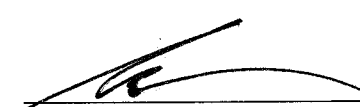
INTERROGATORY NO. 14: Identify all persons working at the premises on the date of the incident. Include in your answer the person's job title and job responsibilities.

ANSWER:

These are continuing Interrogatories and when any additional information which more fully or more specifically answers any previous Interrogatories, whether partially answered or totally omitted herein, said information should be forwarded to counsel for the Plaintiff and to the Court.

Respectfully submitted,

SOMMERMAN & QUESADA, L.L.P.

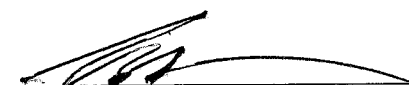


Steven S. Schulte
State Bar No. 24051306
3811 Turtle Creek Boulevard, Suite 1400
Dallas, Texas 75219-4461
Telephone: (214) 720-0720
Facsimile: (214) 720-0184
E-mail: sschulte@texttrial.com

ATTORNEYS FOR PLAINTIFF

CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of Plaintiff's First Requests for Production to Defendant were served upon Defendant Home Depot, U.S.A., Inc., along with Plaintiff's Original Petition.



Steven S. Schulte



CAUSE NO. _____

MELVIN EVANS,

Plaintiff,

vs.

HOME DEPOT, U.S.A., INC.

Defendant.

§
§
§
§
§
§
§
§

IN THE COUNTY COURT

AT LAW NO. _____

DALLAS COUNTY, TEXAS

PLAINTIFF'S REQUEST FOR ADMISSIONS TO DEFENDANT
HOME DEPOT, U.S.A., INC.

TO: Defendant Home Depot, U.S.A., Inc.

The following Request for Admissions are served upon you in accordance with Rules 166b, 169, and 215 of the Texas Rules of Civil Procedure to be answered separately, fully, in writing and under oath within thirty (30) days following service hereof. In accordance with Rule 169, notice is hereby given that each of the matters of which an admission is requested shall be deemed admitted unless a sworn statement in answer thereto is made within the time set forth.

Any evasive or incomplete answer shall be deemed an admission. Any answer by you suggesting that the subject matter of each and every Request for Admission was not adequately investigated prior to your response shall be deemed an admission. If an objection is made to any request, the reasons therefore shall be stated specifically and in detail. The mere fact that a Request for Admission relates to an ultimate issue or genuine issue for trial, or requests admission of the contents of a document, or requests admission of your opinions or conclusions, is not alone sufficient ground for objection; thus, any such objection shall be deemed an admission.



TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE

Any denial shall fairly meet the substance of the requested admission, and when good faith requires that you qualify your answer or deny only a part of the subject matter of a requested admission, you shall specify in detail that part of the request which is admitted and specify in detail that part of the request which is denied. Any general statement that you can neither admit nor deny, unaccompanied by the specific detailed reasons why you can neither admit nor deny shall be deemed an admission thereof.

ADMIT OR DENY THAT EACH OF THE FOLLOWING STATEMENTS IS TRUE AND CORRECT:

REQUEST NO. 1:

Admit or deny that Home Depot, U.S.A., Inc. is a corporation doing business in Texas.

RESPONSE:

REQUEST NO. 2:

Admit or deny that Home Depot, U.S.A., Inc. is in the business of selling home improvement items.

RESPONSE:

REQUEST NO. 3:

Admit or deny that Home Depot, U.S.A. operated and still operates Home Depot Store No. 8976, located at 500 N. I-35E, Lancaster, TX 75146 on May 22, 2008.

RESPONSE:



TRUE AND CORRECT
COPY OF ORIGINAL /
FILED IN DALLAS
COUNTY CLERK'S OFFICE

REQUEST NO. 4:

Admit or deny that Plaintiff Melvin Evans was an employee at Home Depot Store No. 8976, located at 500 N. I-35E, Lancaster, TX 75146 on May 22, 2008.

RESPONSE:

REQUEST NO. 5:

Admit or deny that Plaintiff Melvin Evans was injured at Home Depot Store No. 8976, located at 500 N. I-35E, Lancaster, TX 75146 on May 22, 2008.

RESPONSE:

REQUEST NO. 6:

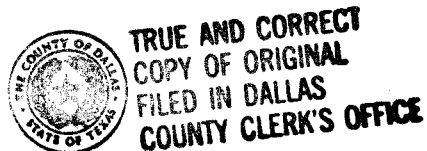
Admit or deny that Plaintiff was injured at the aforementioned location because a metal sprayer described in Plaintiff's Original Petition was placed in that location without regard to the safety of Plaintiff (or Plaintiff's co-workers) or store customers.

RESPONSE:

REQUEST NO. 7:

Admit or deny that Plaintiff's injuries could have been avoided had the metal sprayer described in Plaintiff's Original Petition been properly stored.

RESPONSE:



REQUEST NO. 8:

Admit or deny that Plaintiff was not negligent at the time of the incident in question.

RESPONSE:

REQUEST NO. 9:

Admit or deny that the negligence of Plaintiff, if any, was not a proximate cause of the incident in question.

RESPONSE:

REQUEST NO. 10:

Admit or deny that Home Depot, U.S.A., Inc., or its agents or employees, were negligent in the placement of the metal sprayer described in Plaintiff's Original Petition.

RESPONSE:

REQUEST NO. 11:

Admit or deny that Home Depot, U.S.A., Inc., or its agents or employees, were negligent in the supervision of its employees in safely moving stock through its Home Depot Store No. 8976 on the date in question.

RESPONSE:



REQUEST NO. 12:

Admit or deny that the negligence of Home Depot, U.S.A., Inc., or its agents or employees, were a proximate cause of the incident in question.

RESPONSE:

REQUEST NO. 13:

Admit or deny that a home improvement store, like Home Depot, U.S.A., Inc., has a duty to hire agents or employees who are knowledgeable on safely moving stock through the store.

RESPONSE:

REQUEST NO. 14:

Admit or deny that a home improvement store, like Home Depot, U.S.A., Inc., has a duty to train agents or employees on general safety practices or procedures regarding safely moving stock through the store.

RESPONSE:

REQUEST NO. 15:

Admit or deny that a home improvement store, like Home Depot, U.S.A., Inc., has a duty to supervise agents or employees to ensure they comply with general safety practices or procedures regarding moving stock through the store.

RESPONSE:



REQUEST NO. 16:

Admit or deny that a home improvement store, like Home Depot, U.S.A., Inc., has a duty to take reasonable steps or measures to prevent injury or harm to its employees or customers.

RESPONSE:

REQUEST NO. 17:

Admit or deny that a home improvement store, like Home Depot, U.S.A., Inc., has a duty to take reasonable steps or measures to prevent injury or harm to employees moving stock through the store.

RESPONSE:

REQUEST NO. 18:

Admit or deny that a document in the nature of an incident or accident report, relating to the incident in question, was prepared by Home Depot, U.S.A., Inc. or its Home Depot Store #8976, before the filing of this lawsuit.

RESPONSE:



Respectfully submitted,

SOMMERMAN, & QUESADA, L.L.P.

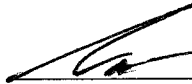


Steven Scott Schulte
State Bar No. 24051306
3811 Turtle Creek Boulevard, Suite 1400
Dallas, Texas 75219-4461
(214) 720-0720 (Telephone)
(214) 720-0184 (Facsimile)

ATTORNEYS FOR PLAINTIFF

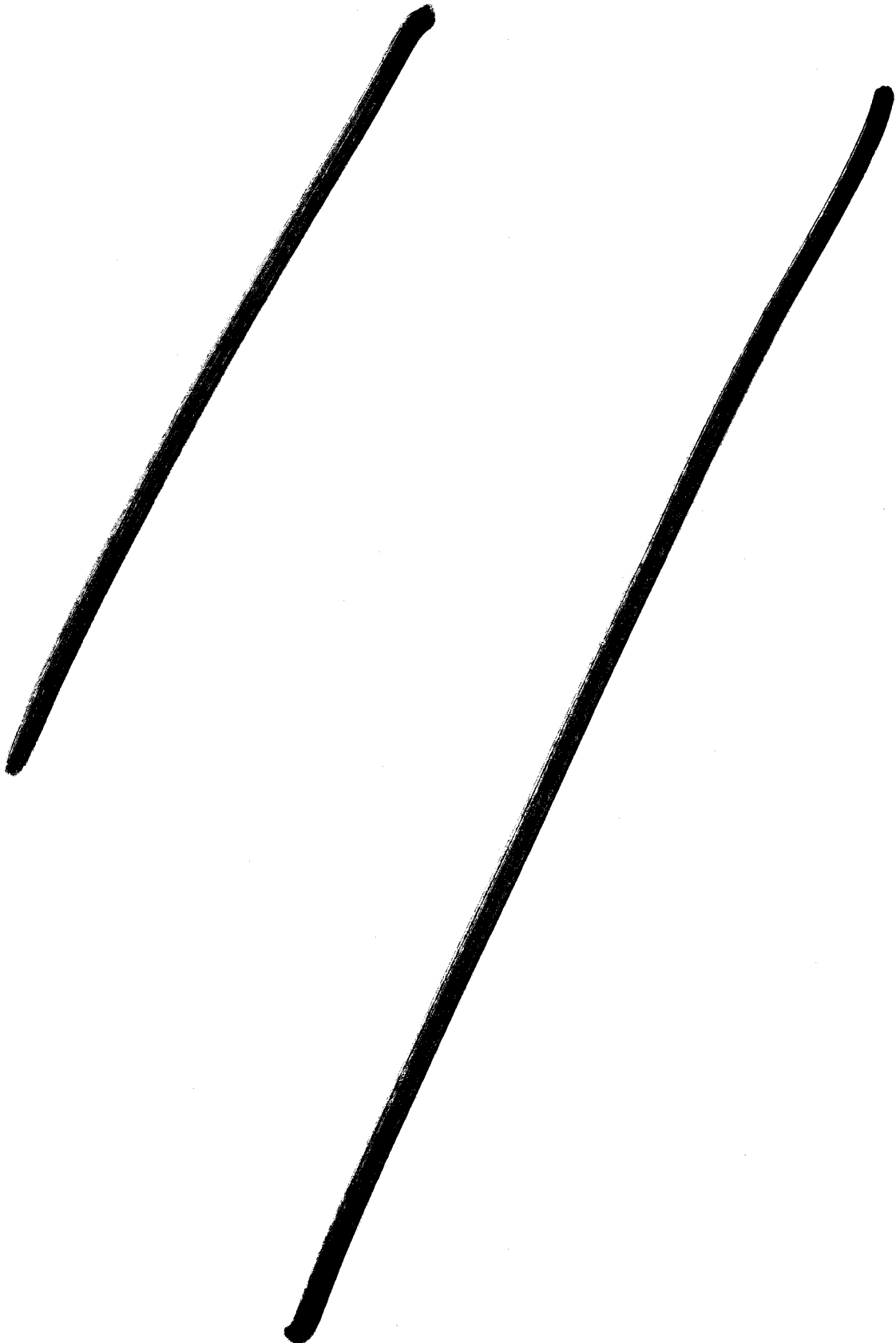
CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of Plaintiff's Request for Admissions to Defendant were served upon Defendant Home Depot, U.S.A., Inc., along with Plaintiff's Original Petition.



Steven S. Schulte







SCANNED

County Court at Law No.1
George Allen Courts Bldg
600 Commerce Street, 5th Floor
Dallas, Texas 75202
214-653-6581

February 24, 2010

STEVEN S SCHULTE
3811 TURTLE CREEK BLVD
SUITE 1400
DALLAS TX 75219-4461

Cause No. CC-10-01305-A
MELVIN EVANS vs. HOME DEPOT, U.S.A, INC
In the County Court at Law No. 1 of Dallas County, Texas

Dear Attorney:

The above case is set for dismissal hearing, pursuant to Rule 165A, Texas Rule of Civil Procedure,
on June 25, 2010 at 9:00 a.m.

If no answer has been filed, or if the answer filed is insufficient as a matter of law to place any of the facts alleged in your petition in issue, you will be expected to have moved for, and to have had heard, a summary judgment or to have proved up a default judgment on or prior to that date. Your failure to have done so will result in the dismissal of the case on or after the above date.

If an answer has been filed that is sufficient to create a fact issue that prevents disposition of the entire case, or if you have been unable to obtain service of process, you should plan to notify the court in writing to obtain a reset of the dismissal date or a trial setting as appropriate.

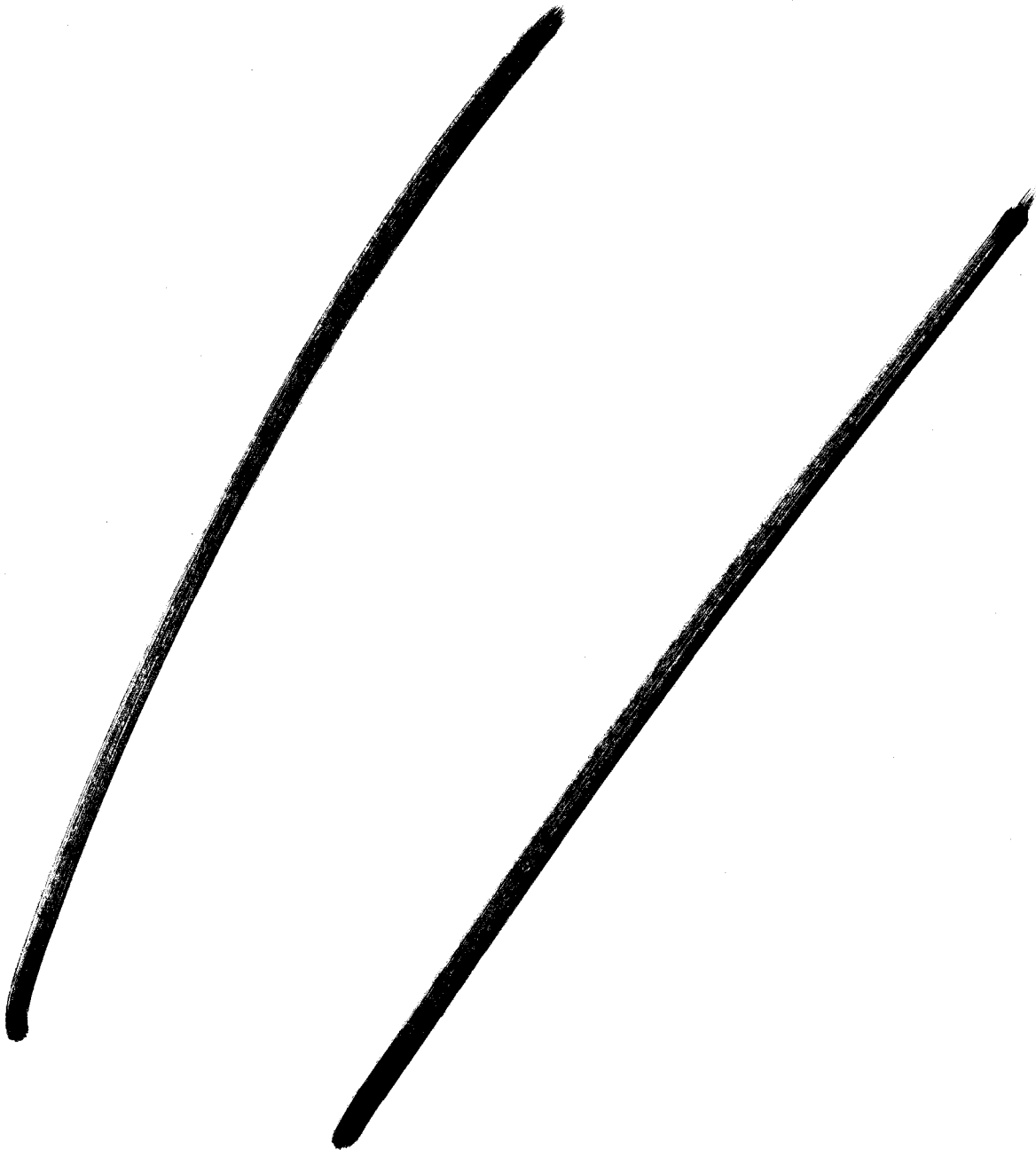
In no event will live witnesses be required unless the default prove-up is for an unliquidated claim. Liquidated claims and attorneys fees may be proved up by affidavit with a form of judgment.

If you should have any questions, please feel free to call us.

Sincerely,

County Court at Law No.1
Policies and Procedures
Can be reviewed at
www.judgedmetriabenson.com

Judge D'Metria Benson
County Court at Law No. 1
Dallas County, Texas



ORIGINAL

CITATION

THE STATE OF TEXAS

FILED

CAUSE NO. CC-10-01305-A

COUNTY COURT OF DALLAS COUNTY COURT AT LAW NO. 1
Dallas County, Texas

TO:

HOME DEPOT USA INC
SERVE CORPORATION SERVICE COMPANY D/B/A
CSC - LAWYERS INCORPORATING SERVICE COMPANY REG AGENT
211 EAST 7TH STREET STE- 620
AUSTIN TX 78701

SCANNED

INTERPRET

"You have been sued. You may employ an attorney. If you or your attorney do not file a WRITTEN ANSWER with the clerk who issued this citation by 10:00 A.M. on the Monday next following the expiration of twenty days after you were served this citation and petition, a default judgment may be taken against you." Your answer should be addressed to the clerk of County Court at Law No. 1 of Dallas County, Texas, at the Court House of said County 600 Commerce Street Suite 101, Dallas, Texas 75202.

Plaintiff(s),
MELVIN EVANS
vs.
HOME DEPOT, U.S.A, INC
Defendant(s)

filed in said Court on the 23rd day of February, 2010, a copy of which accompanies this citation.

WITNESS: JOHN WARREN, Clerk of the County Courts of Dallas County, Texas. GIVEN UNDER MY HAND AND SEAL OF OFFICE, at Dallas, Texas, and issued this 23rd day of February, 2010 A.D.

JOHN WARREN, Clerk, County Court, Dallas County Court at Law No. 1, Dallas County, Texas.

By VALERIE RAMOS, Deputy

WITH DISCOVERY ATTACHED

ATTY

CITATION

CC-10-01305-A

IN THE COUNTY COURT OF DALLAS
County Court at Law No. 1
Dallas County, Texas

Plaintiff(s)
MELVIN EVANS
vs.
HOME DEPOT, U.S.A, INC
Defendant(s)

SERVE:

HOME DEPOT USA INC
SERVE CORPORATION SERVICE
COMPANY D/B/A
CSC - LAWYERS INCORPORATING
SERVICE COMPANY REG AGENT
211 EAST 7TH STREET STE- 620
AUSTIN TX 78701

ISSUED THIS
23rd day of February, 2010

John F. Warren, County Clerk
BY: VALERIE RAMOS, Deputy

Attorney for Plaintiff
STEVEN S SCHULTE
3811 TURTLE CREEK BLVD
SUITE 1400
DALLAS TX 75219-4461
214-720-0720

NO OFFICER'S FEES HAVE BEEN
COLLECTED BY DALLAS COUNTY CLERK

RETURN

Came to hand on the 25 day of FEBRUARY 2010, at 2:00 o'clock P M.

Executed at 211 EAST 7TH STREET, SUITE 620, AUSTIN, TEXAS 78701,

within the County of TRAVIS at 10:54 o'clock A M. on the 5 day of

MARCH 2010, by delivering to HOME DEPOT USA, INC.

_____ by delivering to its ☒ Registered Agent, ☐ President, ☐ Vice President,

COOPERATION SERVICE COMPANY each,

☐ In Person, or by ☒ Certified Mail, a true copy of this: ☐ Subpoena, ☐ Subpoena Duces

Tecum, ☒ Citation, ☐ Notice of Hearing, ☐ Temporary Restraining Order, ☐ Show

Cause Writ, ☐ Other Civil Process: _____, together with the

accompanying: ☒ Original Petition, ☐ _____ Petition,

☐ Request for Disclosure, ☐ Request for Production, ☐ Interrogatories, or, ☒ Other

Document(s): ATTACHED DISCOVERY,

having first endorsed on same the date of delivery. My fees are as follows:

For service:

\$ 65.00

Fees:

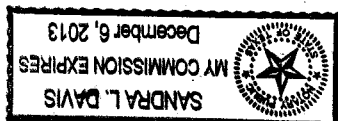
\$ _____

Total: \$ 65.00

Alan R. Davis
Alan R. Davis
Authorized Person
SCH-000000399

VERIFICATION

Before me, a notary public, on this day personally appeared Alan R. Davis, known to me to be the person whose name is subscribed to the foregoing document and, being by me first duly sworn, declared that he has personal knowledge of the statements therein contained, and that they are true and correct. Given under my hand and seal of office on this 10 day of MARCH, 2010.



Sandra L. Davis
Notary Public for State of Texas



Track & Confirm

Search Results

Label/Receipt Number: 7008 2810 0001 8733 7450

Class: **First-Class Mail®**

Service(s): **Certified Mail™**
Return Receipt

Status: **Delivered**

Your item was delivered at 10:54 AM on March 5, 2010 in AUSTIN, TX 78701.

Detailed Results:

- **Delivered, March 05, 2010, 10:54 am, AUSTIN, TX 78701**
- **Arrival at Unit, March 05, 2010, 10:48 am, AUSTIN, TX 78701**
- **Acceptance, March 03, 2010, 8:03 pm, DALLAS, TX 75260**

Notification Options

Track & Confirm by email

Get current event information or updates for your item sent to you or others by email.

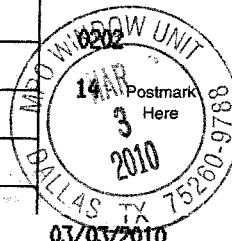
[Go >](#)

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

AUSTIN TX 78701

| | | |
|---|----|---------------|
| Postage | \$ | 1.90 |
| Certified Fee | | 2.00 |
| Return Receipt Fee (Endorsement Required) | | 2.70 |
| Restricted Delivery Fee (Endorsement Required) | | 0.00 |
| Total Postage | | \$7.00 |



Sent To: Corporation Service Company, Reg.
Agt. For Home Depot USA, Inc.
211 E. 7th Street, Suite 620
Austin, Texas 78701-3218

PS Form 3800, August 2008

[Go >](#)

[Site Map](#)

[Customer Service](#)

[Forms](#)

[Gov't Services](#)

[Careers](#)

[Privacy Policy](#)

[Terms of Use](#)

[Business Customer Gateway](#)

Copyright© 2010 USPS. All Rights Reserved.

No FEAR Act EEO Data FOIA



United States Postal Service



Accessibility

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.

Article Addressed to:

Corporation Service Company, Reg.
Agt. For Home Depot USA, Inc.
211 E. 7th Street, Suite 620
Austin, Texas 78701-3218

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

☒ Agent

☐ Addressee

B. Received by (Printed Name)

Christophe

C. Date of Delivery

3/5/10

D. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☒ No

3. Service Type

☒ Certified Mail

☐ Express Mail

☐ Registered

☐ Return Receipt for Merchandise

☐ Insured Mail

☐ C.O.D.

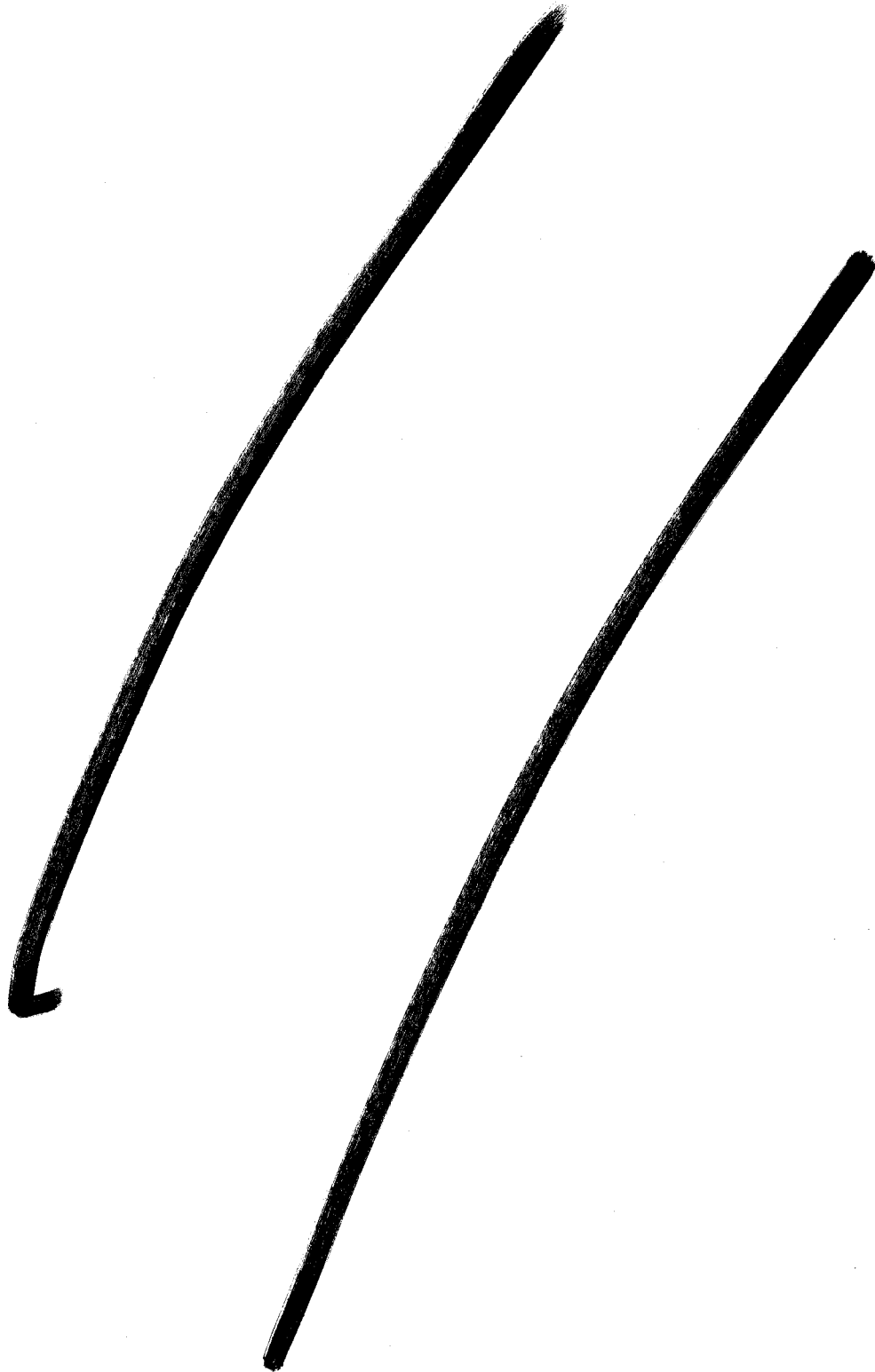
4. Restricted Delivery? (Extra Fee)

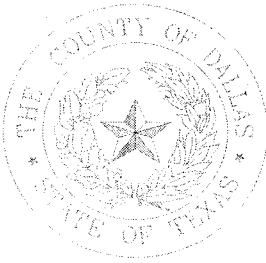
☐ Yes

Article Number

(Transfer from service label)

7008 2810 0001 8733 7450





JOHN F. WARREN
Dallas County Clerk
George Allen Sr. Court Bldg.
600 Commerce St, Ste 101
Dallas, Texas 75202-3551

STATE OF TEXAS §

COUNTY OF DALLAS §

I, John F. Warren, Clerk of the County Court of Dallas County Court at Law No. 1, Dallas County, Texas do hereby certify that the foregoing is a true and correct copy of document in Cause No. CC-10-01305-A.

MELVIN EVANS, PLAINTIFF (S)

VS

HOME DEPOT, U.S.A, INC, DEFENDANT (S)

DEFENDANT'S ORIGINAL ANSWER, FILED: MARCH 10, 2010

Minutes of County Court at Law No. 1, Dallas County, Texas.

WITNESS MY HAND AND SEAL of said Court this 5th day of October, 2010.

John F. Warren, County Clerk

By: 
ALVIN BECK, Deputy

Filed
10 March 18 P3:12
John Warren
County Clerk
Dallas County

Cause No. CC-10-01305-A

MELVIN EVANS,
Plaintiff,

vs.

HOME DEPOT U.S.A., INC.,
Defendant.

§ IN THE COUNTY COURT OF
§
§
§ AT LAW NO. 1
§
§
§ DALLAS COUNTY, TEXAS
§

DEFENDANT'S ORIGINAL ANSWER

Defendant Home Depot U.S.A., Inc. files this its Original Answer to Plaintiff's
Original Petition and in support thereof would show as follows:

I. General Denial

1. Without waiving any other defenses Defendant may have or hereafter come to have or urge, Defendant generally denies each and every material allegation in Plaintiff's Original Petition (and all subsequent amended and supplemental Petitions filed herein) pursuant to Rule 92, Texas Rules of Civil Procedure, and demands strict proof thereof by a preponderance of the evidence or clear and convincing evidence as the law requires.

II. Affirmative Defenses

Without conceding that the following are affirmative defenses for which Defendant bears the burden of proof, Defendant asserts that:

2. Plaintiff was in the normal course of routine employment matters at the time of his alleged injury, if any, and his alleged injury was not foreseeable to Defendant Home Depot U.S.A., Inc.

3. Plaintiff's acts and omissions under all the attendant circumstances were the sole proximate cause of injuries or damages alleged to have been sustained by Plaintiff.

DEFENDANT'S ANSWER



TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE

PAGE 1

4. As a result of his claimed accident and injuries, Plaintiff has received medical and/or wage replacement benefits from Home Depot's self-funded ERISA plan. Home Depot's plan is entitled to reimbursement of the amounts paid.

5. Any award of pre-judgment interest for damages that have not yet accrued would violate Defendant Home Depot U.S.A., Inc.'s right to substantive and procedural due process under the Fifth and Fourteenth Amendments to the United States Constitution, as well as Article I, Sections 14, 16 and 19 of the Texas Constitution.

III. Prayer

WHEREFORE, PREMISES CONSIDERED, Defendant prays that Plaintiff take nothing by his suit, that it be dismissed from this action, that it be awarded court costs, and for such other and further relief to which Defendant may be justly entitled.

DEFENDANT'S ANSWER





TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE

PAGE 2

Respectfully submitted,

WINSTEAD PC

BY PERMISSION FOR TREK DOYLE

  SBN: 24067671

Peyton N. Smith (SBN: 18664350)

Trek C. Doyle (SBN: 00790608)

401 Congress Avenue, Suite 2100

Austin, Texas, 78701

512.474.4330 Telephone

512.370.2850 Facsimile

ATTORNEYS FOR DEFENDANT

CERTIFICATE OF SERVICE

By my signature above, I hereby certify that a true and correct copy of the foregoing was served via facsimile upon the following on the 16th day of March, 2010:

Steven S. Schulte (SBN 24051306)
Sommerman & Quesada, LLP
3811 Turtle Creek Blvd., Ste. 1400
Dallas, Texas 75219-4461
214-720-0720
214-720-0184 fax

DEFENDANT'S ANSWER

Austin_1\5934602
22926-350 3/18/2010



TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE

PAGE 3





SCANNED

County Court at Law No. 1
George Allen Courts Bldg
600 Commerce, 5th floor
Dallas, Texas 75202
(214) 653-6581

March 19, 2010

TREK DOYLE
WINSTEAD SECHREST & MINICK P C
401 CONGRES AVENUE SUITE 2100
AUSTIN TX 78701

Re: CC-10-01305-A; :MELVIN EVANS vs. HOME DEPOT, U.S.A, INC
In the County Court at Law No. 1 of Dallas County, Texas

Dear Attorney;

The above case is ready to be set for trial.

Prior to a trial date being set, it is **mandatory** that both parties contact one another and submit a proposed Scheduling Order to the court. This proposed order shall be submitted *in writing*, contain a **proposed trial date** (that is consistent with the case level), an **agreed-upon mediation date** (which is required and to occur no later than 45 days *before* the trial date) and the name of a **specific mediator**. If witnesses are to be deposed or if discovery is to be made, please include the dates for these occurrences. **The order must be DATE SPECIFIC.**

This order notice must be submitted to the court within thirty (30) days from the date of this notice.

If either party fails to submit a proposed scheduling order containing an agreed mediation date and mediator; the Court will impose a scheduling order and/or appoint a mediator to whom the parties may NOT object. In addition, *failure by either party to submit an agreed scheduling order or mediation date by the established timeline could lead to the dismissal of the case for want of prosecution and/or sanctions for noncompliance.*

Thank you,

County Court at Law No.1
Policies and Procedures
Can be reviewed at
www.judgedmetriabenson.com

Judge D'Metria Benson
County Court at Law No. 1
Dallas County, Texas

SCANNED



County Court at Law No. 1
George Allen Courts Bldg
600 Commerce, 5th floor
Dallas, Texas 75202
(214) 653-6581

March 19, 2010

STEVEN S SCHULTE
3811 TURTLE CREEK BLVD
SUITE 1400
DALLAS TX 75219-4461

Re: CC-10-01305-A; :MELVIN EVANS vs. HOME DEPOT, U.S.A, INC
In the County Court at Law No. 1 of Dallas County, Texas

Dear Attorney;

The above case is ready to be set for trial.

Prior to a trial date being set, it is **mandatory** that both parties contact one another and submit a proposed Scheduling Order to the court. This proposed order shall be submitted *in writing*, contain a **proposed trial date** (that is consistent with the case level), an **agreed-upon mediation date** (which is required and to occur no later than 45 days *before* the trial date) and the name of a **specific mediator**. If witnesses are to be deposed or if discovery is to be made, please include the dates for these occurrences. **The order must be DATE SPECIFIC.**

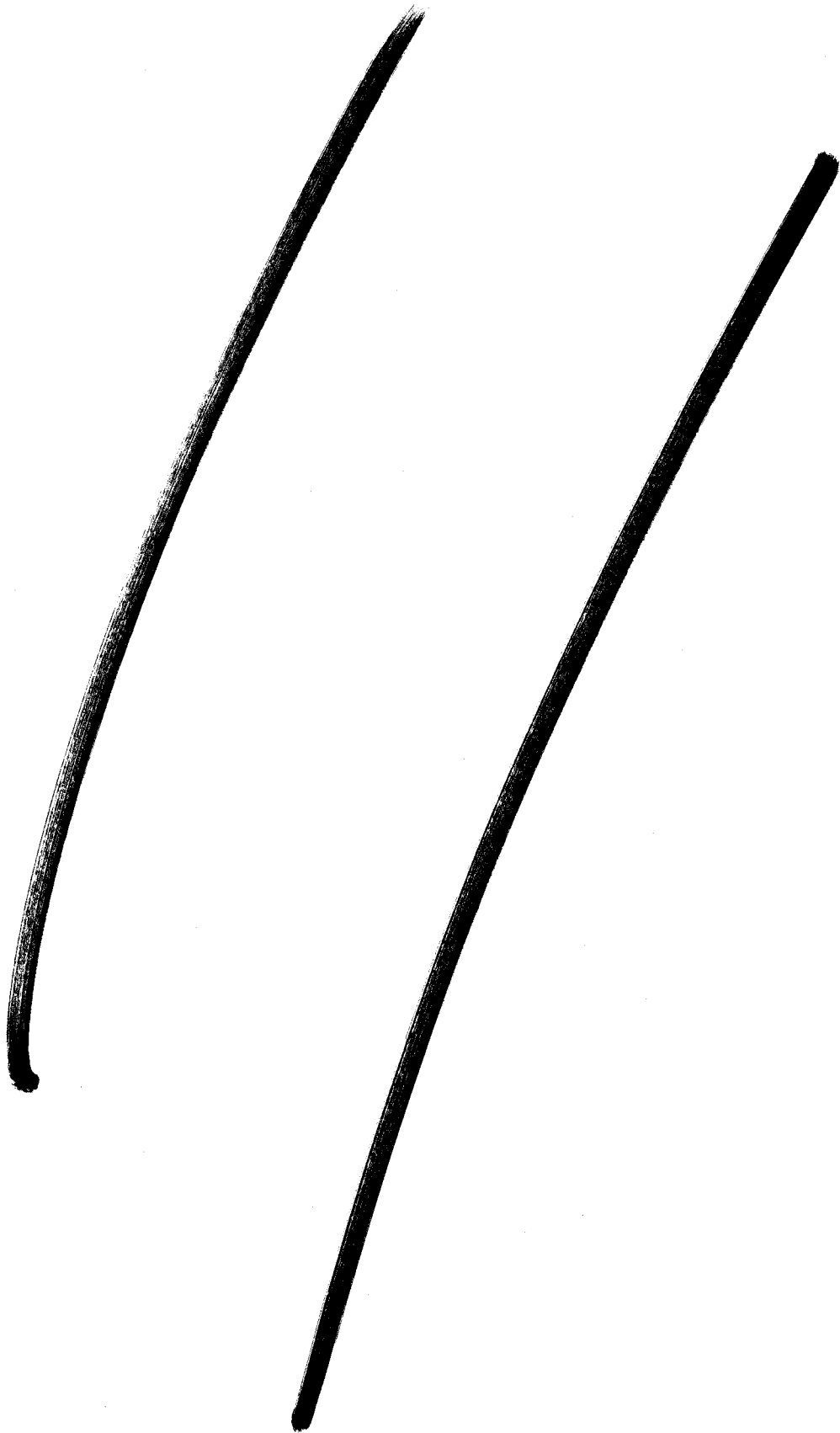
This order notice must be submitted to the court within thirty (30) days from the date of this notice.

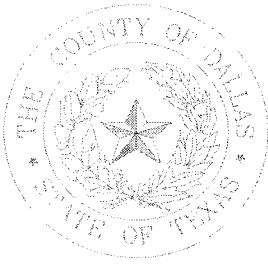
If either party fails to submit a proposed scheduling order containing an agreed mediation date and mediator; the Court will impose a scheduling order and/or appoint a mediator to whom the parties may NOT object. In addition, *failure by either party to submit an agreed scheduling order or mediation date by the established timeline could lead to the dismissal of the case for want of prosecution and/or sanctions for noncompliance.*

Thank you,

County Court at Law No.1
Policies and Procedures
Can be reviewed at
www.judgedmetriabenson.com

Judge D'Metria Benson
County Court at Law No. 1
Dallas County, Texas





JOHN F. WARREN
Dallas County Clerk
George Allen Sr. Court Bldg.
600 Commerce St, Ste 101
Dallas, Texas 75202-3551

STATE OF TEXAS §

COUNTY OF DALLAS §

I, John F. Warren, Clerk of the County Court of Dallas County Court at Law No. 1, Dallas County, Texas do hereby certify that the foregoing is a true and correct copy of document in Cause No. CC-10-01305-A.

MELVIN EVANS, PLAINTIFF (S)

VS

HOME DEPOT, U.S.A, INC, DEFENDANT (S)

PLAINTIFF'S SPECIAL EXCEPTIONS TO DEFFENDANT'S ORIGINAL ANSWER, FILED: MARCH 22, 2010

Minutes of County Court at Law No. 1, Dallas County, Texas.

WITNESS MY HAND AND SEAL of said Court this 5th day of October, 2010.

John F. Warren, County Clerk

By: _____

A handwritten signature in cursive script, appearing to read "Alvin Beck", is written over a horizontal line.

ALVIN BECK, Deputy

CAUSE NO. CC-10-01305-A

MELVIN EVANS,

Plaintiff,

vs.

HOME DEPOT, U.S.A., INC.

Defendant.

§
§
§
§
§
§
§
§
§

IN THE COUNTY COURT

AT LAW NO. 1

DALLAS COUNTY, TEXAS

MAR 22 PM 3:23

COUNTY CLERK
DALLAS COUNTY

SCANNED

PLAINTIFF'S SPECIAL EXCEPTIONS TO DEFENDANT'S ORIGINAL ANSWER

TO THE HONORABLE JUDGE OF SAID COURT:

COME NOW, Plaintiff, in the above styled and numbered cause, and files this his Special Exceptions to Defendant's Original Answer and would respectfully show as follows:

I.

Plaintiff specially excepts to the following allegations of said Defendant as set forth in Paragraph II.3. on page 1 of said Defendant's Original Answer on file herein:

Plaintiff's acts and omissions under all the attendant circumstances were the sole proximate cause of injuries or damages alleged to have been sustained by Plaintiff.

Said allegations are too broad, too general, and do not otherwise give Plaintiff fair notice of the conduct alleged by said Defendant to constitute negligence on the part of Plaintiff in the occurrence in question. Said allegations are so vague and indefinite as to deny Plaintiff fair notice of the proof which will be required at the time of trial. The Defendant must state its affirmative defenses in sufficient detail to give the Plaintiff fair notice of the defensive issues to be tried. Fair notice means that the pleadings must be specific enough that an opposing attorney can ascertain the nature and basic issues of the controversy and the testimony properly relevant. Plaintiff therefore prays that said



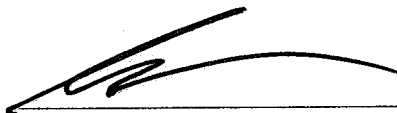
TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE

Defendant be required to plead in said Defendant's Answer each and every act of alleged negligence on part of Plaintiff which said Defendant intends to raise or to otherwise offer proof at the time of trial.

WHEREFORE, PREMISES CONSIDERED, Plaintiff prays that these Special Exceptions be in all things granted and sustained, and for such other and further relief, general and special, legal and equitable, to which Plaintiff is justly entitled.

Respectfully submitted,

SOMMERMAN & QUESADA, L.L.P.



Steven Scott Schulte
State Bar No. 24051306
3811 Turtle Creek Boulevard, Suite 1400
Dallas, Texas 75219-4461
Telephone: (214) 720-0720
Facsimile: (214) 720-0184

ATTORNEYS FOR PLAINTIFF



CERTIFICATE OF SERVICE

I hereby certify that a true and correct copy of the foregoing instrument has this date been sent to all attorneys of record in the above-styled and numbered matter, said service being effected in the following manner:


Certified Mail/Return Receipt Requested _____

Hand Delivery _____

Telecopy _____ ✓ _____

Regular Mail _____

DATED: 3-22-10

 _____



3811 TURTLE CREEK BOULEVARD, SUITE 1400
DALLAS, TEXAS 75219
TELEPHONE 214-720-0720
TOLL FREE 800-900-5373
TELECOPIER 214-720-0184
personalinjury@texttrial.com
www.texttrial.com

*ANDREW B. SOMMERMAN †
GEORGE (TEX) QUESADA ††
HEATHER LONG ††
STEVEN S. SCHULTE

*AL ELLIS†***
Of Counsel

2010 MAR 22 PM 3:23

MARY ALICE McLARTY †††
Of Counsel

COUNTY CLERK
DALLAS COUNTY

*Board Certified in Personal Injury Trial Law
**Board Certified in Civil Trial Law
▲ Certified Civil Trial Advocate:
National Board of Trial Advocacy
† College of the State Bar of Texas
†† Licensed in Texas and New Mexico
††† Licensed in Texas and District of Columbia

March 22, 2010

Clerk
County Court at Law No. 1
George L. Allen, Sr. Courts Building
600 Commerce Street, 5th Floor
Dallas, Texas 75202-4606

Re: Cause No. CC-10-01305-A; Melvin Evans v. Home Depot, U.S.A., Inc.

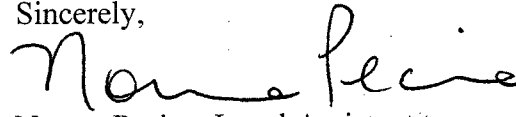
Dear Clerk:

Enclosed for filing among the papers of this Court are an original and one copy of Plaintiff's Special Exceptions to Defendant's Original Answer with regard to the above-referenced matter. Please return a file-marked copy of this pleading to us via our courier.

By copy of this letter, all counsel are being served with a copy of this pleading.

Thank you for your usual courtesy and cooperation in these matters.

Sincerely,



Norma Pecina, Legal Assistant to
Steven S. Schulte

:np

Enclosures

N:\Active\4500\4597\Correspondence\Clerk 032210 filing Sp Excep.frm

cc w/encl:

VIA FAX 512/370-2850

Peyton N. Smith

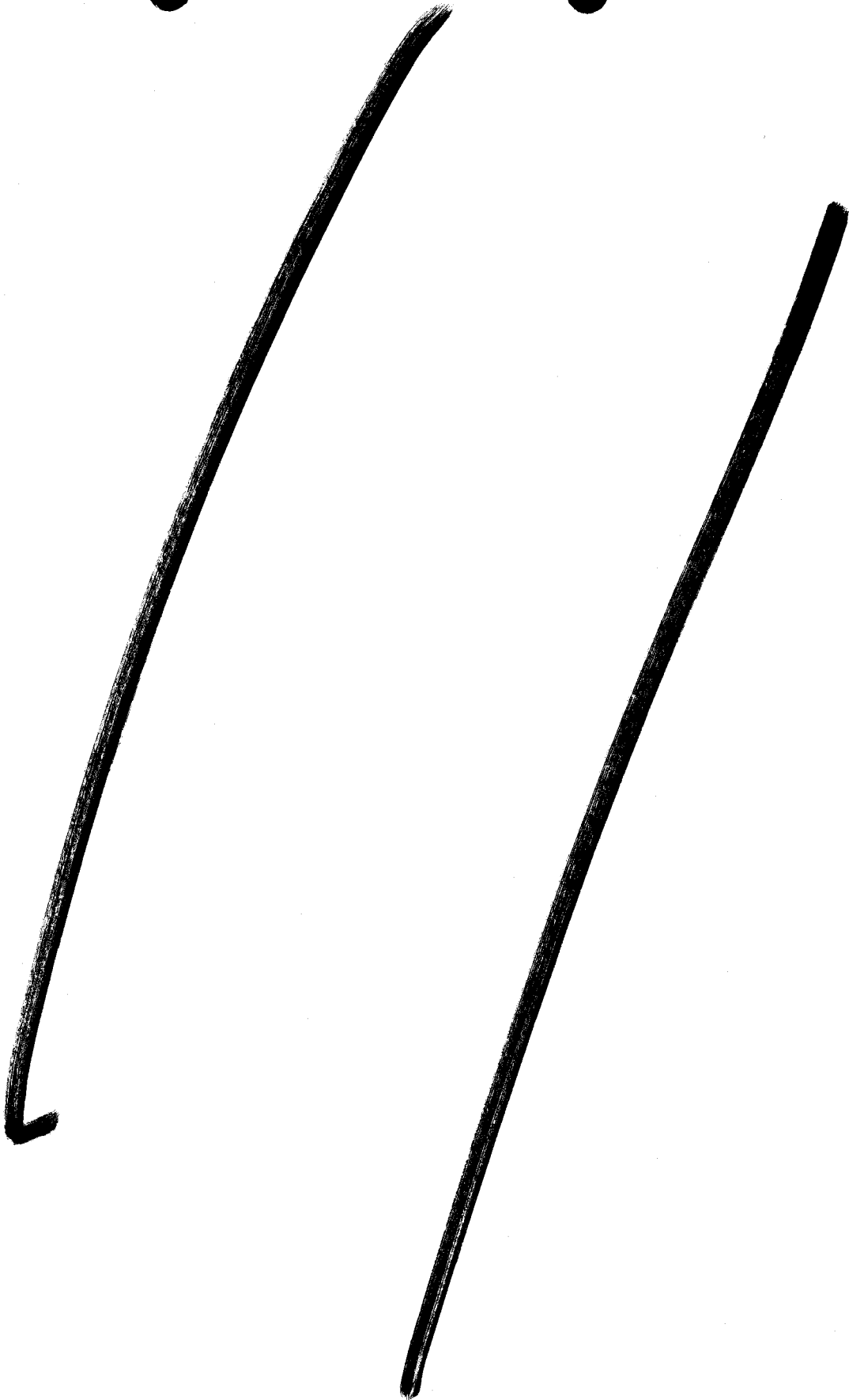
Winstead PC

401 Congress Ave., Suite 2100

Austin, TX 78701



TRUE AND CORRECT
COPY OF ORIGINAL
FILED IN DALLAS
COUNTY CLERK'S OFFICE



FILED
2010 MAR 31 PM 4:23
COUNTY COURT

JOHN F. WARREN
COUNTY CLERK
DALLAS COUNTY

SCANNED

AT LAW NO.1

CONFIDENTIAL

DALLAS COUNTY, TEXAS

NOTICE OF FILING AFFIDAVITS FOR BUSINESS AND/OR MEDICAL RECORDS

Pursuant to the provisions of the TEX. CIV. PRACT. & REM. CODE § 18.001 and the Texas Rules of Evidence 902(10)a, Plaintiff hereby gives all concerned parties in the above-styled and numbered cause notice of filing the following Affidavits for Business or Medical Records, evidencing cost and necessity of services of the indicated providers:

1. Concentra Medical Centers - Redbird Location (records and bills)

You are further hereby notified that the above-described records may be used by the Plaintiff as evidence in the trial of this case.

Pursuant to Supreme Court Miscellaneous Docket Order No. 96-9084, the accompanying medical records will not be filed with the Court. However, the affidavits are being filed in accordance with CIV. PRACT. & REM. CODE § 18.001. A true and correct copy of the Affidavit and accompanying business or medical bills and/or medical records will be forwarded to counsel for all parties in this cause of action at their expense. The original business and/or medical records will be retained by Plaintiff and will be made available to all parties to this action for inspection and copying in our office upon request.

Respectfully submitted,

SOMMERMAN & QUESADA, L.L.P.



Steven S. Schulte
State Bar No. 24051306
3811 Turtle Creek Boulevard, Suite 1400
Dallas, Texas 75219-4461
Telephone: (214) 720-0720
Facsimile: (214) 720-0184
E-mail: sschulte@texttrial.com

ATTORNEYS FOR PLAINTIFF

CERTIFICATE OF SERVICE

I hereby certify by my signature above that a true and correct copy of the foregoing instrument has this date been sent to all attorneys of record in the above-styled and numbered cause, said service being effected in the following manner on the 31st day of March, 2010.

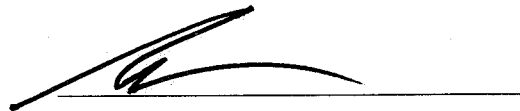
Certified Mail/Return Receipt Requested

Hand Delivery

Telecopy

X

Regular Mail



**AFFIDAVIT CONCERNING AUTHENTICITY
OF MEDICAL RECORDS**

THE STATE OF _____

§
§
§

COUNTY OF _____

SCANNEDRecords Pertaining to: **MELVIN EVANS**

BEFORE ME, the undersigned authority, on this day personally appeared Johanna Daniel, and, after being by me duly sworn, did state the facts contained in this affidavit are true and correct.

My name is Johanna Daniel. I am over 18 years of age and fully competent to make this affidavit. The following statements are within my personal knowledge and they are true and correct.

I am the records custodian for Concentra Medical Centers Redbird location

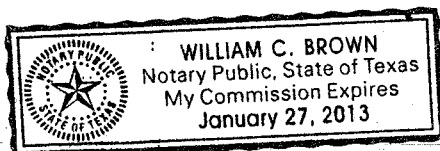
Attached hereto is a true and correct copy of the records describing or setting out the medical services rendered at Concentra Medical Centers to Melvin Evans by Concentra Medical Centers.

The records were made at or near the time that such services were rendered. The records were made by a person with knowledge of those services. These records are kept in the regular course of business. It is the regular practice of this business to make such records.

The attached medical records consist of 13 page(s).

[Signature]
AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME on this the 23rd day of February, 2010.



William C Brown
Notary Public, State of Texas

**AFFIDAVIT CONCERNING COST AND
NECESSITY OF MEDICAL SERVICES**THE STATE OF Texas

§

§

COUNTY OF Dallas

§

Re: **MELVIN EVANS****SCANNED**

BEFORE ME, the undersigned authority, on this day personally appeared Kimberly Miller, and, after being by me duly sworn, did state that the facts contained in this affidavit are true and correct.

My name is Kimberly Miller. I am over 18 years of age and fully competent to make this affidavit. The following statements are within my personal knowledge and they are true and correct.

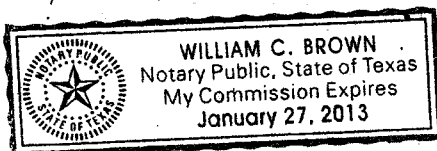
I am the custodian of billing records for Concentra Medical Centers. Attached hereto are 36 pages of billing records. These said 36 pages of billing records are kept by Concentra Medical Centers in the regular course of business and prepared at the time, or reasonably soon thereafter, that each service reflected therein states is rendered. Entries in the records are made either by a person who has actual knowledge of the rendition of the service, or by some other employee on the basis of a memorandum prepared by a person having actual knowledge of the rendition of the services and who has a duty to prepare such memorandum and furnish it to the person preparing the record.

The full amount of the charges for the treatment rendered from 5-30-2008 (date) to 5-7-2009 is \$6,411.54. In such position I am familiar with such charges for same or similar services rendered by Concentra. I am of the opinion that such charges were reasonable at the time and place that such services were rendered and since such services appear to have been rendered pursuant to the order of Concentra, I am of the further opinion that such services were necessary.

Attached hereto is a true and correct copy of the statement describing or setting out the costs associated with the medical services rendered to Melvin Evans by Concentra Medical Centers.

Kimberly A. Miller
AFFIANT

SUBSCRIBED AND SWORN TO BEFORE ME on this the 24th day of February, 2010.



William C. Brown
Notary Public, State of Texas

Sedgwick
PO Box 14497
Lexington, KY 40512-4497

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

PICA

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

| | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. MEDICARE (Medicare #) | | MEDICAID (Medicaid #) | | TRICARE CHAMPUS (Sponsor's SSN) | | CHAMPVA (Member ID#) | | GROUP HEALTH PLAN (SSN or ID) | | FECA BLK LUNG (SSN) | | OTHER (ID) | | 1A. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 464-88-5121 | | | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Evans, Melvin | | | | | | 3. PATIENT'S BIRTH DATE MM DD YY 05 17 1950 | | | SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/> | | | 4. INSURED'S NAME (Last Name, First Name, Middle Initial) Home Depot #8976 | | | | | |
| 5. PATIENT'S ADDRESS (No Street) 408 Lakewood Dr | | | | | | 6. PATIENT'S RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> | | | 7. INSURED'S ADDRESS (No Street) 500 N Interstate 35 E | | | 8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> | | | | | |
| CITY DESOTO | | STATE TX | | 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) N / A | | 10. PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO 10d. RESERVED FOR LOCAL USE 200805265690001NE | | | 11. INSURED'S POLICY GROUP OR FECA NUMBER 200805265690001NE | | | 12. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE N / A | | | | | |
| ZIP CODE 75115 | | TELEPHONE (Include Area Code) 972 230-4230 | | 10. PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO 10d. RESERVED FOR LOCAL USE 200805265690001NE | | 11. INSURED'S POLICY GROUP OR FECA NUMBER 200805265690001NE | | | 12. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE N / A | | | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE | | | | | |
| 14. DATE OF CURRENT MM DD YY 05 22 2008 | | ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP) 05 22 2008 | | 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY 05 22 2008 | | 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY N / A | | | 17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE 17a. Janet DuPertuis 17b. NPI | | | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY N / A | | | | | |
| 19. RESERVED FOR LOCAL USE Janet DuPertuis | | 20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | 21. MEDICAID RESUBMISSION CODE N / A ORIGINAL REF. NO. N / A | | | 22. PRIOR AUTHORIZATION NUMBER N / A | | | 23. PRIOR AUTHORIZATION NUMBER N / A | | | | | | |
| 24. A DATE(S) OF SERVICE FROM MM DD YYYY TO MM DD YY 07 07 08 07 07 08 11 | | B Place of Service EMG 99080 | | C PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual Circumstances) MODIFIER 73 | | D DIAGNOSIS DIAGNOSIS POINTER 2 | | E \$ CHARGES 15.00 | | F DAYS DAYS OR UNITS 1 | | G EPSPOT Family Plan 1 | | H ID. QUAL OB | | I RENDERING PROVIDER ID. # MDK1590TX 1831219658 | |
| 1 | | 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | |
| 2 | | 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | |
| 3 | | 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | | 11 | |
| 4 | | 5 | | 6 | | 7 | | 8 | | 9 | | 10 | | 11 | | 12 | |
| 5 | | 6 | | 7 | | 8 | | 9 | | 10 | | 11 | | 12 | | 13 | |
| 6 | | 7 | | 8 | | 9 | | 10 | | 11 | | 12 | | 13 | | 14 | |
| 7 | | 8 | | 9 | | 10 | | 11 | | 12 | | 13 | | 14 | | 15 | |
| 8 | | 9 | | 10 | | 11 | | 12 | | 13 | | 14 | | 15 | | 16 | |
| 9 | | 10 | | 11 | | 12 | | 13 | | 14 | | 15 | | 16 | | 17 | |
| 10 | | 11 | | 12 | | 13 | | 14 | | 15 | | 16 | | 17 | | 18 | |
| 11 | | 12 | | 13 | | 14 | | 15 | | 16 | | 17 | | 18 | | 19 | |
| 12 | | 13 | | 14 | | 15 | | 16 | | 17 | | 18 | | 19 | | 20 | |
| 13 | | 14 | | 15 | | 16 | | 17 | | 18 | | 19 | | 20 | | 21 | |
| 14 | | 15 | | 16 | | 17 | | 18 | | 19 | | 20 | | 21 | | 22 | |
| 15 | | 16 | | 17 | | 18 | | 19 | | 20 | | 21 | | 22 | | 23 | |
| 16 | | 17 | | 18 | | 19 | | 20 | | 21 | | 22 | | 23 | | 24 | |
| 17 | | 18 | | 19 | | 20 | | 21 | | 22 | | 23 | | 24 | | 25 | |
| 18 | | 19 | | 20 | | 21 | | 22 | | 23 | | 24 | | 25 | | 26 | |
| 19 | | 20 | | 21 | | 22 | | 23 | | 24 | | 25 | | 26 | | 27 | |
| 20 | | 21 | | 22 | | 23 | | 24 | | 25 | | 26 | | 27 | | 28 | |
| 21 | | 22 | | 23 | | 24 | | 25 | | 26 | | 27 | | 28 | | 29 | |
| 22 | | 23 | | 24 | | 25 | | 26 | | 27 | | 28 | | 29 | | 30 | |
| 23 | | 24 | | 25 | | 26 | | 27 | | 28 | | 29 | | 30 | | 31 | |
| 24 | | 25 | | 26 | | 27 | | 28 | | 29 | | 30 | | 31 | | 32 | |
| 25 | | 26 | | 27 | | 28 | | 29 | | 30 | | 31 | | 32 | | 33 | |
| 26 | | 27 | | 28 | | 29 | | 30 | | 31 | | 32 | | 33 | | 34 | |
| 27 | | 28 | | 29 | | 30 | | 31 | | 32 | | 33 | | 34 | | 35 | |
| 28 | | 29 | | 30 | | 31 | | 32 | | 33 | | 34 | | 35 | | 36 | |
| 29 | | 30 | | 31 | | 32 | | 33 | | 34 | | 35 | | 36 | | 37 | |
| 30 | | 31 | | 32 | | 33 | | 34 | | 35 | | 36 | | 37 | | 38 | |
| 31 | | 32 | | 33 | | 34 | | 35 | | 36 | | 37 | | 38 | | 39 | |
| 32 | | 33 | | 34 | | 35 | | 36 | | 37 | | 38 | | 39 | | 40 | |
| 33 | | 34 | | 35 | | 36 | | 37 | | 38 | | 39 | | 40 | | 41 | |
| 34 | | 35 | | 36 | | 37 | | 38 | | 39 | | 40 | | 41 | | 42 | |
| 35 | | 36 | | 37 | | 38 | | 39 | | 40 | | 41 | | 42 | | 43 | |
| 36 | | 37 | | 38 | | 39 | | 40 | | 41 | | 42 | | 43 | | 44 | |
| 37 | | 38 | | 39 | | 40 | | 41 | | 42 | | 43 | | 44 | | 45 | |
| 38 | | 39 | | 40 | | 41 | | 42 | | 43 | | 44 | | 45 | | 46 | |
| 39 | | 40 | | 41 | | 42 | | 43 | | 44 | | 45 | | 46 | | 47 | |
| 40 | | 41 | | 42 | | 43 | | 44 | | 45 | | 46 | | 47 | | 48 | |
| 41 | | 42 | | 43 | | 44 | | 45 | | 46 | | 47 | | 48 | | 49 | |
| 42 | | 43 | | 44 | | 45 | | 46 | | 47 | | 48 | | 49 | | 50 | |
| 43 | | 44 | | 45 | | 46 | | 47 | | 48 | | 49 | | 50 | | 51 | |
| 44 | | 45 | | 46 | | 47 | | 48 | | 49 | | 50 | | 51 | | 52 | |
| 45 | | 46 | | 47 | | 48 | | 49 | | 50 | | 51 | | 52 | | 53 | |
| 46 | | 47 | | 48 | | 49 | | 50 | | 51 | | 52 | | 53 | | 54 | |
| 47 | | 48 | | 49 | | 50 | | 51 | | 52 | | 53 | | 54 | | 55 | |
| 48 | | 49 | | 50 | | 51 | | 52 | | 53 | | 54 | | 55 | | 56 | |
| 49 | | 50 | | 51 | | 52 | | 53 | | 54 | | 55 | | 56 | | 57 | |
| 50 | | 51 | | 52 | | 53 | | 54 | | 55 | | 56 | | 57 | | 58 | |
| 51 | | 52 | | 53 | | 54 | | 55 | | 56 | | 57 | | 58 | | 59 | |
| 52 | | 53 | | 54 | | 55 | | 56 | | 57 | | 58 | | 59 | | 60 | |
| 53 | | 54 | | 55 | | 56 | | 57 | | 58 | | 59 | | 60 | | 61 | |
| 54 | | 55 | | 56 | | 57 | | 58 | | 59 | | 60 | | 61 | | 62 | |
| 55 | | 56 | | 57 | | 58 | | 59 | | 60 | | 61 | | 62 | | 63 | |
| 56 | | 57 | | 58 | | 59 | | 60 | | 61 | | 62 | | 63 | | 64 | |
| 57 | | 58 | | 59 | | 60 | | 61 | | 62 | | 63 | | 64 | | 65 | |
| 58 | | 59 | | 60 | | 61 | | 62 | | 63 | | 64 | | 65 | | 66 | |
| 59 | | 60 | | 61 | | 62 | | 63 | | 64 | | 65 | | 66 | | 67 | |
| 60 | | 61 | | 62 | | 63 | | 64 | | 65 | | 66 | | 67 | | 68 | |
| 61 | | 62 | | 63 | | 64 | | 65 | | 66 | | 67 | | 68 | | 69 | |
| 62 | | 63 | | 64 | | 65 | | 66 | | 67 | | 68 | | 69 | | 70 | |
| 63 | | 64 | | 65 | | 66 | | 67 | | 68 | | 69 | | 70 | | 71 | |
| 64 | | 65 | | 66 | | 67 | | 68 | | 69 | | 70 | | 71 | | 72 | |
| 65 | | 66 | | 67 | | 68 | | 69 | | 70 | | 71 | | 72 | | 73 | |
| 66 | | 67 | | 68 | | 69 | | 70 | | 71 | | 72 | | 73 | | 74 | |
| 67 | | 68 | | 69 | | 70 | | 71 | | 72 | | 73 | | 74 | | 75 | |
| 68 | | 69 | | 70 | | 71 | | 72 | | 73 | | 74 | | 75 | | 76 | |
| 69 | | 70 | | 71 | | 72 | | 73 | | 74 | | 75 | | 76 | | 77 | |
| 70 | | 71 | | 72 | | 73 | | 74 | | 75 | | 76 | | 77 | | 78 | |
| 71 | | 72 | | 73 | | 74 | | 75 | | 76 | | 77 | | 78 | | 79 | |
| 72 | | 73 | | 74 | | 75 | | 76 | | 77 | | 78 | | 79 | | 80 | |
| 73 | | 74 | | 75 | | 76 | | 77 | | 78 | | 79 | | 80 | | 81 | |
| 74 | | 75 | | 76 | | 77 | | 78 | | 79 | | 80 | | 81 | | 82 | |
| 75 | | 76 | | 77 | | 78 | | 79 | | 80 | | 81 | | 82 | | 83 | |
| 76 | | 77 | | 78 | | 79 | | 80 | | 81 | | 82 | | 83 | | 84 | |
| 77 | | 78 | | 79 | | 80 | | 81 | | 82 | | 83 | | 84 | | 85 | |
| 78 | | 79 | | 80 | | 81 | | 82 | | 83 | | 84 | | 85 | | 86 | |
| 79 | | 80 | | 81 | | 82 | | 83 | | 84 | | 85 | | 86 | | 87 | |
| 80 | | 81 | | 82 | | 83 | | 84 | | 85 | | 86 | | 87 | | 88 | |
| 81 | | 82 | | 83 | | 84 | | 85 | | 86 | | 87 | | 88 | | 89 | |
| 82 | | 83 | | 84 | | 85 | | 86 | | 87 | | 88 | | 89 | | 90 | |
| 83 | | 84 | | 85 | | 86 | | 87 | | 88 | | 89 | | 90 | | 91 | |
| 84 | | 85 | | 86 | | 87 | | 88 | | 89 | | 90 | | 91 | | 92 | |
| 85 | | 86 | | 87 | | 88 | | 89 | | 90 | | 91 | | 92 | | 93 | |
| 86 | | 87 | | 88 | | 89 | | 90 | | 91 | | 92 | | 93 | | 94 | |
| 87 | | 88 | | 89 | | 90 | | 91 | | 92 | | 93 | | 94 | | 95 | |
| 88 | | 89 | | 90 | | 91 | | 92 | | 93 | | 94 | | 95 | | 96 | |
| 89 | | 90 | | 91 | | 92 | | 93 | | 94 | | 95 | | 96 | | 97 | |
| 90 | | 91 | | 92 | | 93 | | 94 | | 95 | | 96 | | 97 | | 98 | |
| 91 | | 92 | | 93 | | 94 | | 95 | | 96 | | 97 | | 98 | | 99 | |
| 92 | | 93 | | 94 | | 95 | | 96 | | 97 | | 98 | | 99 | | 100 | |

Sedgwick
PO Box 14497
Lexington, KY 40512-4497

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|---|--|--|--|--|---|--|--|--|--|---|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--------------------------------------|--|--|--|--|--|--|--|--|--|-------------------------------------|--|--|--|--|--|--|--|--|--|------------------------------------|--|--|--|--|--|--|--|--|--|
| 1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER (Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) ((SSN or ID)) (SSN) (ID) | | | | | | | | | | 1A. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 464-88-5121 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Evans, Melvin | | | | | | | | | | 3. PATIENT'S BIRTH DATE SEX MM DD YY M F 05 17 1950 M X F | | | | | | | | | | 4. INSURED'S NAME (Last Name, First Name, Middle Initial) Home Depot #8976 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. PATIENT'S ADDRESS (No Street) 408 Lakewood Dr | | | | | | | | | | 6. PATIENT'S RELATIONSHIP TO INSURED Self Spouse Child Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | | | | | | 7. INSURED'S ADDRESS (No Street) 500 N Interstate 35 E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY DESOTO | | | | | STATE TX | | | | | 8. PATIENT STATUS Single Married Other <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | CITY Lancaster | | | | | STATE TX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ZIP CODE 75115 | | | | | TELEPHONE (Include Area Code) 972 230-4230 | | | | | 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) N / A | | | | | 10. PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO PLACE (State) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | | | 11. INSURED'S POLICY GROUP OR FECA NUMBER 200805265690001NE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE N / A | | | | | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE | | | | | 14. DATE OF CURRENT ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP) MM DD YY 05 22 2008 | | | | | 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY 05 22 2008 | | | | | 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY N / A N / A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE Janet DuPertuis | | | | | | | | | | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY N / A N / A | | | | | | | | | | 19. RESERVED FOR LOCAL USE Janet DuPertuis | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE) 1. 724.4 3. 922.2 2. 847.2 4. | | | | | | | | | | 22. MEDICAID RESUBMISSION CODE N / A ORIGINAL REF. NO. N / A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 23. PRIOR AUTHORIZATION NUMBER N / A | | | | | | | | | | 24. A DATE(S) OF SERVICE FROM TO B Place of Service C EMG D PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual Circumstances) E DIAGNOSIS POINTER F \$ CHARGES G DAYS OR UNITS H EPSDT Family Plan I ID QUAL J RENDERING PROVIDER ID. # 1 08 01 08 08 01 08 11 G0283 2,3 18.73 1 0B PT1167790TX Electrical Stimulation Unattended 1942400304 2 10 14 08 Carrier/Insurance - Payment -15.34 3 08 01 08 08 01 08 11 97002 59 1 66.33 1 0B PT1167790TX PT ReEval 1942400304 4 10 14 08 Carrier/Insurance - Payment -51.25 5 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25. FEDERAL TAX I.D. NUMBER 752014828 | | | | | | | | | | 26. PATIENT'S ACCOUNT NO. I01-0023460941 | | | | | | | | | | 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | 28. TOTAL CHARGES \$ 85.06 | | | | | | | | | | 29. AMOUNT PAID \$ -66.59 | | | | | | | | | | 30. BALANCE DUE \$ 18.47 | | | | | | | | | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Joel C Blanco, PT SIGNED 02/24/2010 | | | | | | | | | | 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) CMC - DFW Med Center Concentra Medical Centers 8267 Elmbrook Dr Ste 101 Dallas, TX 75247 a. 1679504831 b. | | | | | | | | | | 33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # Occupational Health Centers of the Southwest, P.A. PO Box 9005 Addison, TX 75001-9005 a. 1003955220 b. PT1167790TX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Sedgwick
PO Box 14497
Lexington, KY 40512-4497

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|------------------------------------|--|--|--|--|--|--|--|--|--|
| 1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP FECA OTHER (Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID#) (SSN or ID) (SSN) (ID) | | | | | | | | | | 1A. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 464-88-5121 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Evans, Melvin | | | | | | | | | | 3. PATIENT'S BIRTH DATE SEX 05 17 1950 M <input checked="" type="checkbox"/> X <input type="checkbox"/> F | | | | | | | | | | 4. INSURED'S NAME (Last Name, First Name, Middle Initial) Home Depot #8976 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 5. PATIENT'S ADDRESS (No Street) 408 Lakewood Dr | | | | | | | | | | 6. PATIENT'S RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | | | | | 7. INSURED'S ADDRESS (No Street) 500 N Interstate 35 E | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CITY DESOTO | | | | | | | | | | STATE TX | | | | | | | | | | CITY Lancaster | | | | | | | | | | STATE TX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ZIP CODE 75115 | | | | | | | | | | TELEPHONE (Include Area Code) 972 230-4230 | | | | | | | | | | ZIP CODE 751461874 | | | | | | | | | | TELEPHONE (INCLUDE AREA CODE) 912 223-4929 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) N / A | | | | | | | | | | 10. PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input checked="" type="checkbox"/> X YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> PLACE (State) c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | 11. INSURED'S POLICY GROUP OR FECA NUMBER 200805265690001NE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. OTHER INSURED'S POLICY OR GROUP NUMBER N / A | | | | | | | | | | a. INSURED'S DATE OF BIRTH SEX N / A M <input type="checkbox"/> F <input type="checkbox"/> | | | | | | | | | | b. EMPLOYER'S NAME OR SCHOOL NAME N / A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| b. OTHER INSURED'S DATE OF BIRTH SEX N / A M <input type="checkbox"/> F <input type="checkbox"/> | | | | | | | | | | c. EMPLOYER'S NAME OR SCHOOL NAME N / A | | | | | | | | | | c. INSURANCE PLAN NAME OR PROGRAM NAME N / A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| d. INSURANCE PLAN NAME OR PROGRAM NAME N / A | | | | | | | | | | 10d. RESERVED FOR LOCAL USE 200805265690001NE | | | | | | | | | | d. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, return to and complete items 9a-d. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM | | | | | | | | | | | | | | | | | | | | 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED SIGNATURE ON FILE DATE N / A | | | | | | | | | | | | | | | | | | | | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED SIGNATURE ON FILE | | | | | | | | | | | | | | | | | | | |
| 14. DATE OF CURRENT ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP) 05 22 2008 | | | | | | | | | | 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE 05 22 2008 | | | | | | | | | | 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM N / A TO N / A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE Janet DuPertuis | | | | | | | | | | 17a. <input type="checkbox"/> 17b. NPI | | | | | | | | | | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM N / A TO N / A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. RESERVED FOR LOCAL USE Janet DuPertuis | | | | | | | | | | 20. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO \$ CHARGES | | | | | | | | | | 22. MEDICAID RESUBMISSION CODE N / A ORIGINAL REF. NO. N / A | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE) 1. 724.4 3. 844.9 2. 847.2 4. | | | | | | | | | | 23. PRIOR AUTHORIZATION NUMBER N / A | | | | | | | | | | 24. A DATE(S) OF SERVICE FROM TO B Place of Service C EMG D PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual Circumstances) E DIAGNOSIS POINTER F \$ CHARGES G DAYS I EPSDT OR Family Plan H I ID. QUAL J RENDERING PROVIDER ID. # 1 08 11 08 08 11 08 11 99080 73 2,3 15.00 1 0B MDK1590TX Required report charge/DWC 73 1831219658 2 09 08 08 Carrier/Insurance - Payment -14.70 NPI 3 08 11 08 08 11 08 11 99213 2 97.74 1 0B MDK1590TX Level 3 Return Expanded Visit 1831219658 4 09 08 08 Carrier/Insurance - Payment -83.03 NPI 5 NPI 6 NPI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25. FEDERAL TAX I.D. NUMBER 752612924 | | | | | | | | | | 26. PATIENT'S ACCOUNT NO. I01-0023460941 | | | | | | | | | | 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | 28. TOTAL CHARGES \$ 112.74 | | | | | | | | | | 29. AMOUNT PAID \$ -97.73 | | | | | | | | | | 30. BALANCE DUE \$ 15.01 | | | | | | | | | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Ranil R Ninala, MD SIGNED 02/24/2010 DATE | | | | | | | | | | 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) CMC - DFW Med Center Concentra Medical Centers 8267 Elmbrook Dr Ste 101 Dallas, TX 75247 | | | | | | | | | | 33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #. U.S. MedGroup, P.A. PO Box 865 Addison, TX 75001-9005 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| a. 1679504831 | | | | | | | | | | b. MDK1590TX | | | | | | | | | | c. 1184810152 | | | | | | | | | | d. MDK1590TX | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Sedgwick
PO Box 14497
Lexington, KY 40512-4497

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

| | | | |
|---|--|--|--|
| PICA | | PICA | |
| 1. MEDICARE (Medicare #) | | MEDICAID (Medicaid #) | |
| TRICARE CHAMPUS (Sponsor's SSN) | | CHAMPVA (Member ID#) | |
| GROUP HEALTH PLAN (SSN or ID) | | FECA BLK LUNG (SSN) | |
| OTHER (ID) | | 1A. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) | |
| | | 464-88-5121 | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) | | 3. PATIENT'S BIRTH DATE (MM DD YY) SEX | |
| Evans, Melvin | | 05 17 1950 M <input checked="" type="checkbox"/> F | |
| 4. INSURED'S NAME (Last Name, First Name, Middle Initial) | | 5. INSURED'S ADDRESS (No Street) | |
| Home Depot #8976 | | 500 N Interstate 35 E | |
| 6. PATIENT'S RELATIONSHIP TO INSURED | | 7. INSURED'S ADDRESS (No Street) | |
| Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> | | 500 N Interstate 35 E | |
| 8. PATIENT STATUS | | 9. INSURED'S ADDRESS (No Street) | |
| Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> | | Lancaster TX | |
| 10. PATIENT'S CONDITION RELATED TO: | | 11. INSURED'S POLICY GROUP OR FECA NUMBER | |
| Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/> | | 200805265690001NE | |
| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE | | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE | |
| I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. | | I authorize payment of medical benefits to the undersigned physician or supplier for services described below. | |
| SIGNED SIGNATURE ON FILE DATE N / A | | SIGNED SIGNATURE ON FILE | |
| 14. DATE OF CURRENT ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP) | | 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE | |
| 05 22 2008 | | 05 22 2008 | |
| 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION | | 17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES | |
| FROM N / A TO N / A | | FROM N / A TO N / A | |
| 18. RESERVED FOR LOCAL USE | | 19. OUTSIDE LAB? \$ CHARGES | |
| Janet DuPertuis | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 20. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) | | 21. MEDICAID RESUBMISSION CODE | |
| 1. 724.4 3. 844.9 | | N / A | |
| 2. 847.2 4. | | 22. PRIOR AUTHORIZATION NUMBER | |
| | | N / A | |
| 23. A DATE(S) OF SERVICE | | B PLACE OF SERVICE | |
| FROM MM DD YYYY TO MM DD YYYY | | C EMG CPT/HCPCS MODIFIER | |
| 09 05 08 09 05 08 11 | | 99080 73 | |
| Required report charge/DWC 73 | | 2,3 | |
| 10 16 08 Carrier/Insurance - Payment | | -14.70 | |
| 09 05 08 09 05 08 11 | | 99213 | |
| Level 3 Return Expanded Visit | | 3 | |
| 10 16 08 Carrier/Insurance - Payment | | -83.03 | |
| 24. FEDERAL TAX I.D. NUMBER | | 25. PATIENT'S ACCOUNT NO. | |
| 752612924 | | I01-0023460941 | |
| 26. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) | | 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) | |
| Ranil R Ninala, MD | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 02/24/2010 | | 28. TOTAL CHARGES | |
| DATE | | \$ 112.74 | |
| 29. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) | | 29. AMOUNT PAID | |
| CMC - DFW Med Center | | \$ -97.73 | |
| Concentra Medical Centers | | 30. BALANCE DUE | |
| 8267 Elmbrook Dr Ste 101 | | \$ 15.01 | |
| Dallas, TX 75247 | | 31. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #. | |
| *1679504831 | | U.S. MedGroup, P.A. | |
| *1184810152 | | (800) 733-7098 | |
| | | PO Box 865 | |
| | | Addison, TX 75001-9005 | |
| | | MDK1590TX | |

Sedgwick
PO Box 14497
Lexington, KY 40512-4497

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| 1. MEDICARE MEDICAID TRICARE CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER (Medicare #) (Medicaid #) (Sponsor's SSN) (Member ID) (SSN or ID) (SSN) (ID) | | | | | | | | | | 1A. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 464-88-5121 | | | | | | | | | | | | | | | | | | | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Evans, Melvin | | | | | | | | | | 3. PATIENT'S BIRTH DATE SEX MM DD YY M F 05 17 1950 M X F | | | | | | | | | | 4. INSURED'S NAME (Last Name, First Name, Middle Initial) Home Depot #8976 | | | | | | | | | |
| 5. PATIENT'S ADDRESS (No Street) 408 Lakewood Dr | | | | | | | | | | 6. PATIENT'S RELATIONSHIP TO INSURED Self Spouse Child Other | | | | | | | | | | 7. INSURED'S ADDRESS (No Street) 500 N Interstate 35 E | | | | | | | | | |
| CITY DESOTO | | | | | STATE TX | | | | | 8. PATIENT STATUS Single Married Other | | | | | CITY Lancaster | | | | | STATE TX | | | | | | | | | |
| ZIP CODE 75115 | | | | | TELEPHONE (Include Area Code) 972 230-4230 | | | | | 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) N / A | | | | | 10. PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | 11. INSURED'S POLICY GROUP OR FECA NUMBER 200805265690001NE | | | | | | | | | |
| a. OTHER INSURED'S POLICY OR GROUP NUMBER N / A | | | | | | | | | | a. INSURED'S DATE OF BIRTH SEX MM DD YY M F N / A | | | | | | | | | | | | | | | | | | | |
| b. OTHER INSURED'S DATE OF BIRTH SEX MM DD YY M F N / A | | | | | | | | | | b. EMPLOYER'S NAME OR SCHOOL NAME N / A | | | | | | | | | | | | | | | | | | | |
| c. EMPLOYER'S NAME OR SCHOOL NAME N / A | | | | | | | | | | c. INSURANCE PLAN NAME OR PROGRAM NAME N / A | | | | | | | | | | | | | | | | | | | |
| d. INSURANCE PLAN NAME OR PROGRAM NAME N / A | | | | | | | | | | 10d. RESERVED FOR LOCAL USE 200805265690001NE | | | | | | | | | | | | | | | | | | | |
| READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNED SIGNATURE ON FILE | | | | | | | | | | DATE N / A | | | | | | | | | | | | | | | | | | | |
| 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SIGNED SIGNATURE ON FILE | | | | | | | | | | DATE N / A | | | | | | | | | | | | | | | | | | | |
| 14. DATE OF CURRENT ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP) MM DD YY 05 22 2008 | | | | | | | | | | 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY 05 22 2008 | | | | | | | | | | | | | | | | | | | |
| 17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE Janet DuPertuis | | | | | | | | | | 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY N / A | | | | | | | | | | | | | | | | | | | |
| 19. RESERVED FOR LOCAL USE Janet DuPertuis | | | | | | | | | | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY N / A | | | | | | | | | | | | | | | | | | | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE) 1. 724.4 2. 847.2 3. 844.9 4. | | | | | | | | | | 20. OUTSIDE LAB? \$ CHARGES <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | |
| 22. MEDICAID RESUBMISSION CODE N / A | | | | | | | | | | 23. PRIOR AUTHORIZATION NUMBER N / A | | | | | | | | | | | | | | | | | | | |
| 24. A DATE(S) OF SERVICE FROM TO B Place of Service C EMG D PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual Circumstances) E DIAGNOSIS POINTER F \$ CHARGES G DAYS H EPSDT OR Family Plan I ID. QUAL J RENDERING PROVIDER ID. # MM DD YYYY MM DD YYYY 1. 10 03 08 10 03 08 11 99080 73 Required report charge/DWC 73 2,3 15.00 1 0B MDK1590TX 1831219658 2. 11 10 08 Carrier/Insurance - Payment -14.70 NPI 3. 10 03 08 10 03 08 11 99214 Level 4 Return Complex Visit 2 146.90 1 0B MDK1590TX 1831219658 4. 11 10 08 Carrier/Insurance - Payment -124.76 NPI 5. NPI 6. NPI | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 25. FEDERAL TAX I.D. NUMBER 752612924 | | | | | | | | | | 26. PATIENT'S ACCOUNT NO. I01-0023460941 | | | | | | | | | | | | | | | | | | | |
| 27. ACCEPT ASSIGNMENT? (For govt. claims see back) <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | 28. TOTAL CHARGES \$ 161.90 | | | | | | | | | | | | | | | | | | | |
| 29. AMOUNT PAID \$ -139.46 | | | | | | | | | | 30. BALANCE DUE \$ 22.44 | | | | | | | | | | | | | | | | | | | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Ranil R Ninala, MD SIGNED 02/24/2010 DATE | | | | | | | | | | 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) CMC - DFW Med Center Concentra Medical Centers 8267 Elmbrook Dr Ste 101 Dallas, TX 75247 | | | | | | | | | | | | | | | | | | | |
| 33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #. U.S. MedGroup, P.A. PO Box 865 Addison, TX 75001-9005 | | | | | | | | | | 34. MEDICAID RESUBMISSION CODE N / A | | | | | | | | | | | | | | | | | | | |

Sedgwick
PO Box 14497
Lexington, KY 40512-4497

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

| | | | |
|---|--|---|--|
| PICA | | PICA | |
| 1. MEDICAID (Medicare #) | | 1A. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) | | 4. INSURED'S NAME (Last Name, First Name, Middle Initial) | |
| 3. PATIENT'S BIRTH DATE (MM DD YY) | | 5. INSURED'S ADDRESS (No Street) | |
| 6. PATIENT'S RELATIONSHIP TO INSURED | | 7. INSURED'S ADDRESS (No Street) | |
| 8. PATIENT STATUS | | CITY | |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) | | STATE | |
| 10. PATIENT'S CONDITION RELATED TO: | | ZIP CODE | |
| 11. INSURED'S POLICY GROUP OR FECA NUMBER | | TELEPHONE (INCLUDE AREA CODE) | |
| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE | | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE | |
| 14. DATE OF CURRENT ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP) | | 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE | |
| 16. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE | | 17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES | |
| 18. RESERVED FOR LOCAL USE | | 19. OUTSIDE LAB? | |
| 20. MEDICAID RESUBMISSION CODE | | 21. PRIOR AUTHORIZATION NUMBER | |
| 22. DATE(S) OF SERVICE | | 23. CHARGES | |
| 24. PROCEDURES, SERVICES OR SUPPLIES | | 25. CHARGES | |
| 26. PATIENT'S ACCOUNT NO. | | 27. ACCEPT ASSIGNMENT? | |
| 28. TOTAL CHARGES | | 29. AMOUNT PAID | |
| 30. BALANCE DUE | | 31. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # | |
| 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED | | 33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # | |
| 34. SIGNATURE OF PHYSICIAN OR SUPPLIER | | 35. SIGNATURE OF PHYSICIAN OR SUPPLIER | |

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Sedgwick
PO Box 14497
Lexington, KY 40512-4497

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

| | | | |
|---|---|--|---|
| PICA | | PICA | |
| 1. MEDICARE (Medicare #) | | 1A. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 464-88-5121 | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Evans, Melvin | | 4. INSURED'S NAME (Last Name, First Name, Middle Initial) Home Depot #8976 | |
| 5. PATIENT'S ADDRESS (No Street) 408 Lakewood Dr | | 7. INSURED'S ADDRESS (No Street) 500 N Interstate 35 E | |
| CITY DESOTO | STATE TX | CITY Lancaster | STATE TX |
| ZIP CODE 75115 | TELEPHONE (Include Area Code) 972 230-4230 | ZIP CODE 751461874 | TELEPHONE (INCLUDE AREA CODE) 912 223-4929 |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) N / A | | 11. INSURED'S POLICY GROUP OR FECA NUMBER 200805265690001NE | |
| a. OTHER INSURED'S POLICY OR GROUP NUMBER N / A | | a. INSURED'S DATE OF BIRTH MM DD YY N / A | |
| b. OTHER INSURED'S DATE OF BIRTH MM DD YY N / A | | b. EMPLOYER'S NAME OR SCHOOL NAME N / A | |
| c. EMPLOYER'S NAME OR SCHOOL NAME N / A | | c. INSURANCE PLAN NAME OR PROGRAM NAME N / A | |
| d. INSURANCE PLAN NAME OR PROGRAM NAME N / A | | d. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES NO | |
| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. | | | |
| SIGNED SIGNATURE ON FILE | | SIGNED SIGNATURE ON FILE | |
| DATE N / A | | DATE N / A | |
| 14. DATE OF CURRENT ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP) MM DD YY 05 22 2008 | | 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY 05 22 2008 | |
| 17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE | | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY N / A | |
| 19. RESERVED FOR LOCAL USE Janet DuPertuis | | 20. OUTSIDE LAB? \$ CHARGES YES NO | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. 724.4 2. 847.2 3. 844.9 4. | | 22. MEDICAID RESUBMISSION CODE N / A ORIGINAL REF. NO. N / A | |
| 23. PRIOR AUTHORIZATION NUMBER N / A | | 24. A DATE(S) OF SERVICE FROM MM DD YYYY TO MM DD YYYY 11 11 08 11 11 08 11 Required report charge/DWC 73 12 10 08 Carrier/Insurance - Payment 11 11 08 11 11 08 11 99213 Level 3 Return Expanded Visit 12 10 08 Carrier/Insurance - Payment | |
| 25. FEDERAL TAX I.D. NUMBER 752612924 | | 26. PATIENT'S ACCOUNT NO. I01-0023460941 | |
| 27. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES NO | | 28. TOTAL CHARGES \$ 112.74 | |
| 29. AMOUNT PAID \$ -97.73 | | 30. BALANCE DUE \$ 15.01 | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Ranil R Ninala, MD 02/24/2010 | | 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) CMC - DFW Med Center Concentra Medical Centers 8267 Elmbrook Dr Ste 101 Dallas, TX 75247 | |
| 33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #. U.S. MedGroup, P.A. PO Box 865 Addison, TX 75001-9005 | | 34. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE #. MDK1590TX 1831219658 | |

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Sedgwick
PO Box 14497
Lexington, KY 40512-4497

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

| | | | |
|---|--|--|--|
| PICA | | PICA | |
| 1. MEDICARE (Medicare #) | | 1A. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) | |
| MEDICAID (Medicaid #) | | 464-88-5121 | |
| TRICARE CHAMPUS (Sponsor's SSN) | | 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) | |
| CHAMPVA (Member ID#) | | Evans, Melvin | |
| GROUP HEALTH PLAN (SSN or ID) | | 3. PATIENT'S BIRTH DATE MM DD YY | |
| FECA BLK LUNG (SSN) | | 05 17 1950 | |
| OTHER (ID) | | SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/> | |
| | | 4. INSURED'S NAME (Last Name, First Name, Middle Initial) | |
| | | Home Depot #8976 | |
| 5. PATIENT'S ADDRESS (No Street) | | 7. INSURED'S ADDRESS (No Street) | |
| 408 Lakewood Dr | | 500 N Interstate 35 E | |
| CITY | | CITY | |
| DESOTO | | Lancaster | |
| STATE TX | | STATE TX | |
| ZIP CODE | | ZIP CODE | |
| 75115 | | 751461874 | |
| TELEPHONE (Include Area Code) | | TELEPHONE (INCLUDE AREA CODE) | |
| 972 230-4230 | | 912 223-4929 | |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) | | 11. INSURED'S POLICY GROUP OR FECA NUMBER | |
| N / A | | 200805265690001NE | |
| a. OTHER INSURED'S POLICY OR GROUP NUMBER | | a. INSURED'S DATE OF BIRTH MM DD YY | |
| N / A | | N / A | |
| b. OTHER INSURED'S DATE OF BIRTH MM DD YY | | SEX M <input type="checkbox"/> F <input type="checkbox"/> | |
| N / A | | b. EMPLOYER'S NAME OR SCHOOL NAME | |
| c. EMPLOYER'S NAME OR SCHOOL NAME | | N / A | |
| N / A | | c. INSURANCE PLAN NAME OR PROGRAM NAME | |
| N / A | | N / A | |
| d. INSURANCE PLAN NAME OR PROGRAM NAME | | d. IS THERE ANOTHER HEALTH BENEFIT PLAN? | |
| N / A | | <input type="checkbox"/> YES <input type="checkbox"/> NO | |
| 10. PATIENT'S CONDITION RELATED TO: | | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below. | |
| a. EMPLOYMENT? (CURRENT OR PREVIOUS) | | SIGNED SIGNATURE ON FILE | |
| <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO | | DATE N / A | |
| b. AUTO ACCIDENT? PLACE (State) | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| c. OTHER ACCIDENT? | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 10d. RESERVED FOR LOCAL USE | | | |
| 200805265690001NE | | | |
| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. | | | |
| SIGNED SIGNATURE ON FILE | | | |
| DATE N / A | | | |
| 14. DATE OF CURRENT ILLNESS (FIRST SYMPTOM OR INJURY (ACCIDENT) OR PREGNANCY (LMP)) | | | |
| MM DD YY 05 22 2008 | | | |
| 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY | | | |
| 05 22 2008 | | | |
| 17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE | | | |
| 17a. NPI | | | |
| 17b. NPI | | | |
| 19. RESERVED FOR LOCAL USE | | | |
| Janet DuPertuis | | | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE) | | | |
| 1. 724.4 | | | |
| 3. 844.9 | | | |
| 2. 847.2 | | | |
| 4. | | | |
| 24. A DATE(S) OF SERVICE FROM TO B Place of Service C EMG D PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual Circumstances) E DIAGNOSIS POINTER F \$ CHARGES G DAYS OR UNITS H EPSDT Family Plan I ID. QUAL J RENDERING PROVIDER ID. # | | | |
| 12 09 08 12 09 08 11 99080 73 2,3 15.00 1 0B MDK1590TX | | | |
| Required report charge/DWC 73 1831219658 | | | |
| 01 09 09 Carrier/Insurance - Payment -14.70 NPI | | | |
| 12 09 08 12 09 08 11 99213 3 97.74 1 0B MDK1590TX | | | |
| Level 3 Return Expanded Visit 1831219658 | | | |
| 01 09 09 Carrier/Insurance - Payment -83.03 NPI | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| 25. FEDERAL TAX I.D. NUMBER SSN EIN | | | |
| 752612924 | | | |
| 26. PATIENT'S ACCOUNT NO. | | | |
| I01-0023460941 | | | |
| 27. ACCEPT ASSIGNMENT? (For govt. claims, see back) | | | |
| <input type="checkbox"/> YES <input type="checkbox"/> NO | | | |
| 28. TOTAL CHARGES | | | |
| \$ 112.74 | | | |
| 29. AMOUNT PAID | | | |
| \$ -97.73 | | | |
| 30. BALANCE DUE | | | |
| \$ 15.01 | | | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) | | | |
| Ranil R Ninala, MD | | | |
| 02/24/2010 | | | |
| 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) | | | |
| CMC - DFW Med Center | | | |
| Concentra Medical Centers | | | |
| 8267 Elmbrook Dr Ste 101 | | | |
| Dallas, TX 75247 | | | |
| 33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # | | | |
| U.S. MedGroup, P.A. | | | |
| PO Box 865 | | | |
| Addison, TX 75001-9005 | | | |
| *1184810152 | | | |
| b MDK1590TX | | | |

Sedgwick
PO Box 14497
Lexington, KY 40512-4497

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|
| PICA | | | | | | | | | | PICA | | | | | | | | | |
| 1. MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE CHAMPUS (Sponsor's SSN) CHAMPVA (Member ID#) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID) <input checked="" type="checkbox"/> | | | | | | | | | | 1A. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 464-88-5121 | | | | | | | | | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Evans, Melvin | | | | | | | | | | 4. INSURED'S NAME (Last Name, First Name, Middle Initial) Home Depot #8976 | | | | | | | | | |
| 3. PATIENT'S BIRTH DATE MM DD YY 05 17 1950 SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/> | | | | | | | | | | 7. INSURED'S ADDRESS (No Street) 500 N Interstate 35 E | | | | | | | | | |
| 5. PATIENT'S ADDRESS (No Street) 408 Lakewood Dr | | | | | | | | | | 6. PATIENT'S RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | | | | |
| CITY DESOTO STATE TX | | | | | | | | | | CITY Lancaster STATE TX | | | | | | | | | |
| ZIP CODE 75115 TELEPHONE (Include Area Code) 972 230-4230 | | | | | | | | | | ZIP CODE 751461874 TELEPHONE (INCLUDE AREA CODE) 912 223-4929 | | | | | | | | | |
| 9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) N / A | | | | | | | | | | 11. INSURED'S POLICY GROUP OR FECA NUMBER 200805265690001NE | | | | | | | | | |
| a. OTHER INSURED'S POLICY OR GROUP NUMBER N / A | | | | | | | | | | a. INSURED'S DATE OF BIRTH MM DD YY N / A SEX M <input type="checkbox"/> F <input type="checkbox"/> | | | | | | | | | |
| b. OTHER INSURED'S DATE OF BIRTH MM DD YY N / A SEX M <input type="checkbox"/> F <input type="checkbox"/> | | | | | | | | | | b. EMPLOYER'S NAME OR SCHOOL NAME N / A | | | | | | | | | |
| c. EMPLOYER'S NAME OR SCHOOL NAME N / A | | | | | | | | | | c. INSURANCE PLAN NAME OR PROGRAM NAME N / A | | | | | | | | | |
| d. INSURANCE PLAN NAME OR PROGRAM NAME N / A | | | | | | | | | | 10d. RESERVED FOR LOCAL USE 200805265690001NE | | | | | | | | | |
| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. | | | | | | | | | | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below. | | | | | | | | | |
| SIGNED SIGNATURE ON FILE DATE N / A | | | | | | | | | | SIGNED SIGNATURE ON FILE | | | | | | | | | |
| 14. DATE OF CURRENT ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP) 05 22 2008 | | | | | | | | | | 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY 05 22 2008 | | | | | | | | | |
| 17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE Janet DuPertuis | | | | | | | | | | 18. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY N / A | | | | | | | | | |
| 19. RESERVED FOR LOCAL USE | | | | | | | | | | 20. OUTSIDE LAB? \$ CHARGES YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | |
| 21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE) | | | | | | | | | | 22. MEDICAID RESUBMISSION CODE N / A ORIGINAL REF. NO. N / A | | | | | | | | | |
| 1. 724.4 3. 844.9 | | | | | | | | | | 23. PRIOR AUTHORIZATION NUMBER N / A | | | | | | | | | |
| 2. 847.2 4. | | | | | | | | | | | | | | | | | | | |
| 24. A DATE(S) OF SERVICE FROM MM DD YYYY TO MM DD YYYY B Place of Service C EMG D PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual Circumstances) E DIAGNOSIS POINTER F \$ CHARGES G DAYS I EPSDT OR Family Plan H ID. QUAL I RENDERING PROVIDER ID. # | | | | | | | | | | | | | | | | | | | |
| 01 13 09 01 13 09 11 99080 73 Required report charge/DWC 73 | | | | | | | | | | 2,3 15.00 1 OB MDK1590TX 1831219658 | | | | | | | | | |
| 01 13 09 01 13 09 11 99213 Level 3 Return Expanded Visit | | | | | | | | | | 2 97.74 1 OB MDK1590TX 1831219658 | | | | | | | | | |
| 03 10 09 Carrier/Insurance - Payment | | | | | | | | | | -90.08 NPI | | | | | | | | | |
| | | | | | | | | | | NPI | | | | | | | | | |
| | | | | | | | | | | NPI | | | | | | | | | |
| | | | | | | | | | | NPI | | | | | | | | | |
| | | | | | | | | | | NPI | | | | | | | | | |
| | | | | | | | | | | NPI | | | | | | | | | |
| | | | | | | | | | | NPI | | | | | | | | | |
| 25. FEDERAL TAX I.D. NUMBER 752612924 SSN EIN <input checked="" type="checkbox"/> | | | | | | | | | | 26. PATIENT'S ACCOUNT NO. I01-0023460941 | | | | | | | | | |
| 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Ranil R Ninala, MD 02/24/2010 | | | | | | | | | | 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) CMC - DFW Med Center Concentra Medical Centers 8267 Elmbrook Dr Ste 101 Dallas, TX 75247 | | | | | | | | | |
| 33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # U.S. MedGroup, P.A. PO Box 865 Addison, TX 75001-9005 | | | | | | | | | | | | | | | | | | | |
| SIGNED 02/24/2010 DATE | | | | | | | | | | *1184810152 MDK1590TX | | | | | | | | | |

CARRIER

PATIENT AND INSURED INFORMATION

PHYSICIAN OR SUPPLIER INFORMATION

Sedgwick
PO Box 14497
Lexington, KY 40512-4497

1500

HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE 08/05

| | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| PICA | | | | | | | | | | PICA | | | | | | | | | |
| 1. MEDICARE (Medicare #) MEDICAID (Medicaid #) TRICARE CHAMPUS (Sponsor's SSN) CHAMPVA (Member ID#) GROUP HEALTH PLAN (SSN or ID) FECA BLK LUNG (SSN) OTHER (ID) <input checked="" type="checkbox"/> | | | | | | | | | | 1A. INSURED'S I.D. NUMBER (FOR PROGRAM IN ITEM 1) 464-88-5121 | | | | | | | | | |
| 2. PATIENT'S NAME (Last Name, First Name, Middle Initial) Evans, Melvin | | | | | | | | | | 3. PATIENT'S BIRTH DATE MM DD YY 05 17 1950 SEX M <input checked="" type="checkbox"/> F <input type="checkbox"/> | | | | | | | | | |
| 4. INSURED'S NAME (Last Name, First Name, Middle Initial) Home Depot #8976 | | | | | | | | | | 5. INSURED'S ADDRESS (No Street) 500 N Interstate 35 E | | | | | | | | | |
| 6. PATIENT'S RELATIONSHIP TO INSURED Self <input type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | | | | | 7. INSURED'S ADDRESS (No Street) 500 N Interstate 35 E | | | | | | | | | |
| 8. PATIENT'S STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/> | | | | | | | | | | 9. INSURED'S POLICY GROUP OR FECA NUMBER 20805265690001NE | | | | | | | | | |
| 10. PATIENT'S CONDITION RELATED TO: a. EMPLOYMENT? (CURRENT OR PREVIOUS) <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO b. AUTO ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO c. OTHER ACCIDENT? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | 11. INSURED'S DATE OF BIRTH MM DD YY N / A SEX M <input type="checkbox"/> F <input type="checkbox"/> | | | | | | | | | |
| 12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. | | | | | | | | | | 13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE. I authorize payment of medical benefits to the undersigned physician or supplier for services described below. | | | | | | | | | |
| 14. DATE OF CURRENT ILLNESS (FIRST SYMPTOM) OR INJURY (ACCIDENT) OR PREGNANCY (LMP) 05/22/2008 | | | | | | | | | | 15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE MM DD YY 05/22/2008 | | | | | | | | | |
| 16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM MM DD YY TO MM DD YY N / A | | | | | | | | | | 17. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY N / A | | | | | | | | | |
| 18. OUTSIDE LAB? <input type="checkbox"/> YES <input type="checkbox"/> NO | | | | | | | | | | 19. MEDICAID RESUBMISSION CODE N / A ORIGINAL REF. NO. N / A | | | | | | | | | |
| 20. PRIOR AUTHORIZATION NUMBER N / A | | | | | | | | | | 21. PRIOR AUTHORIZATION NUMBER N / A | | | | | | | | | |
| 22. MEDICAID RESUBMISSION CODE N / A ORIGINAL REF. NO. N / A | | | | | | | | | | 23. PRIOR AUTHORIZATION NUMBER N / A | | | | | | | | | |
| 24. A DATE(S) OF SERVICE FROM MM DD YYYY TO MM DD YYYY B Place of Service C EMG D PROCEDURES, SERVICES OR SUPPLIES (Explain Unusual Circumstances) E DIAGNOSIS F \$ CHARGES G DAYS OR UNITS H EPSDT Family Plan I ID. QUAL J RENDERING PROVIDER ID. # | | | | | | | | | | 25. FEDERAL TAX I.D. NUMBER SSN EIN 752612924 <input type="checkbox"/> <input checked="" type="checkbox"/> | | | | | | | | | |
| 26. PATIENT'S ACCOUNT NO. I01-0023460941 | | | | | | | | | | 27. ACCEPT ASSIGNMENT? (For gov't claims, see back) YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | |
| 28. TOTAL CHARGES \$ 112.74 | | | | | | | | | | 29. AMOUNT PAID \$ -90.08 | | | | | | | | | |
| 30. BALANCE DUE \$ 22.66 | | | | | | | | | | 31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) Ranil R Ninala, MD 02/24/2010 | | | | | | | | | |
| 32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) CMC - DFW Med Center Concentra Medical Centers 8267 Elmbrook Dr Ste 101 Dallas, TX 75247 | | | | | | | | | | 33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # U.S. MedGroup, P.A. PO Box 865 Addison, TX 75001-9005 | | | | | | | | | |
| 34. SIGNATURE OF PATIENT OR AUTHORIZED PERSON 1679504831 | | | | | | | | | | 35. SIGNATURE OF PHYSICIAN OR SUPPLIER 1184810452 | | | | | | | | | |
| 36. SIGNATURE OF PHYSICIAN OR SUPPLIER MDK1590TX | | | | | | | | | | 37. SIGNATURE OF PHYSICIAN OR SUPPLIER MDK1590TX | | | | | | | | | |